



LKLP
Community
Action

398 Roy Campbell Drive | Hazard, KY 41701
606.436.8853 Office
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LKLP.org

Job Announcement

Customer Service Representative

The LKLP Community Action Council, Inc. seeks applicants for two open positions as Customer Service Representatives. These positions are full time with a starting pay rate of \$12.00 per hour. Pay could be higher based on education/experience. The positions will be based at the Perry Transit Facility in Hazard, Ky. Responsible for all intake and direct contact via phone with recipients requesting Medicaid transportation services.

A complete job description is attached for more detailed duties and responsibilities. Education requirements are a high school diploma.

Benefit package includes Paid Vacation, Paid Sick Leave, Paid Holidays, State Retirement, 401k, Health/Vision Insurance, Dental Insurance, Life Insurance, Cancer Insurance, and AFLAC coverage.

If interested, send a letter of intent, completed application and an updated resumé to Attention: Cindy Gross, LKLP Community Action Council, Inc., 398 Roy Campbell Drive, Hazard, KY 41701, or by fax to 606-439-0853 or email to applications@lklp.net. Letter of intent, application and resumé (with references) must be submitted. These positions will be open until filled. Applications are available online at www.lklp.org.

LKLP Community Action Council, Inc., is an Equal Opportunity Employer and Service Provider.





Job Description

Name: _____

Job Title: Customer Service Representative (CSR)
Department: Transportation
Reports To: Region 13 Transportation Area Manager
FLSA Status: Nonexempt
Prepared By: Cindy Gross
Prepared Date: January 2022
Approved By: Chief Operating Officer

SUMMARY

Responsible for all intake and direct contact via phone with recipients requesting Medicaid transportation services. Reports primarily to Region 13 Transportation Area Manager.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

Shall adequately record all information on each recipient, i.e., verification of eligibility, name, address, eligibility i.d. number, telephone number, availability of transportation, necessity of trip, and special needs/mobility status.

Scheduling trips, adhering to Medicaid guidelines.

Accesses digital material in reference to assigning provider, contiguous counties, etc.

Thoroughly explains transportation policies to new recipients.

Recognizes the need for required documentation (referrals, classifications, denials, etc.) and sends the request to the corresponding group.

Maintain high level of confidentiality in regard to customer information.

Verify client eligibility through KyHealth Choices Medicaid database.

Ability to maintain poise and self-control in crisis situations.

Ability to communicate with and be sensitive to the needs of people of various backgrounds.

Exhibits excellent interpersonal and leadership skills.

Ability to focus and prioritize multiple projects simultaneously and meet deadlines.

Ability to develop and maintain effective working relationships with other agencies and to be cooperative in managing referrals.

Makes good use of time and acts professionally and responsibly in all work areas.

Capable of being able to maintain a professional relationship with all entities of people (staff, Board Members, officials, and the general public).

Performs all other duties as assigned by the Region 13 Area Manager, Transportation Director Chief Operating Officer and/or the Executive Director.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Other qualifications required include the ability to interact well with others, work in a high stress environment, work in a fast-pace environment, have the ability to prioritize and multi-task, be able to resolve interpersonal conflicts and have the ability to work with difficult clients.

EDUCATION and/or EXPERIENCE

High School diploma or general education degree (GED).

LANGUAGE SKILLS

Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups of customers or employees of organization.

MATHEMATICAL SKILLS

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

REASONING ABILITY

Ability to apply principles of logical or scientific thinking to a wide range of intellectual and practical problems. Ability to deal with a variety of abstract and concrete variables.

CERTIFICATES, LICENSES, REGISTRATIONS

Kentucky Driver's License required. Any and all certifications required and assigned, as directed by the Federal Transit Administration and the Kentucky Transportation Cabinet and/or Executive Director.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel; and talk or hear. The employee is occasionally required to reach with hands and arms. The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job.

Work is performed primarily in an office setting. The noise level in the work environment is usually moderately quiet.

Step: _____

Grade: _____

Employee Signature: _____

Supervisor Signature: _____

Date: ____/____/____

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law.



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for this position. All application materials become the property of LKLP CAC, Inc., and will not be returned.

(NOTE: A separate application must be completed for each position for which you are applying.)

| | | |
|--------------|-------------------|------------------|
| Title | Department | Vacancy # |
|--------------|-------------------|------------------|

PERSONAL INFORMATION

| | | | |
|---|------------------------------|---|---|
| Name (Last, First, Middle Initial) | | Social Security Number | |
| Address (Street, City, State, Zip Code) | | | |
| Home Phone Number () () | Work Phone Number () () | May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you an LKLP employee in layoff status <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Age <input type="checkbox"/> Less than 14 <input type="checkbox"/> 14 - 17 <input type="checkbox"/> 18 or over | | Have you been employed under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No List Name(s): | |
| Are you now or have you been employed by LKLP Community Action Council? <input type="checkbox"/> Yes <input type="checkbox"/> No List dates, locations, and department(s): | | | |
| Are you related to anyone currently employed by LKLP Community Action Council OR now serving on the Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> NO List Name and relationship: | | | |
| How did you find out about this job opening? <input type="checkbox"/> Web Site <input type="checkbox"/> Human Resource Office <input type="checkbox"/> LKLP Employee <input type="checkbox"/> Newspaper (Identify) _____ <input type="checkbox"/> Other (Please specify) _____ | | | |
| Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i> | | | |
| Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests and convictions which have been sealed or expunged in answering this question). | | | |

EDUCATION & SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED it obtained.

| Name & Location of School | # of yrs. Complete | Graduated | | Degree & Major |
|---------------------------|--------------------|------------------------------|---|----------------|
| College | | <input type="checkbox"/> Yes | If no, approx. number of credit hours completed | |
| Other | | <input type="checkbox"/> Yes | If no, approx. number of credit hours completed | |
| Other | | <input type="checkbox"/> Yes | If no, approx. number of credit hours completed | |
| High School/GED | | <input type="checkbox"/> Yes | If no, approx. number of credit hours completed | |

OFFICE/COMPUTER SKILLS

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Presentation Software | <input type="checkbox"/> Transcription | <input type="checkbox"/> Apple/Mac |
| <input type="checkbox"/> Database | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Ten key by touch |
| <input type="checkbox"/> Spreadsheet | <input type="checkbox"/> Typing _____ wpm | <input type="checkbox"/> PC/IBM | <input type="checkbox"/> Switchboard |

SKILLS/CERTIFICATIONS/PROGRAMMING LANGUAGES: List technical or specialized skills/credentials relevant to this job, including driver's license (list type of license and name of state where issued), certifications, professional license, registrations held (include certification/registration number and expiration date) and knowledge of any computer programming languages or software.

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EMPLOYMENT HISTORY

List all employment, including military and volunteer service, **starting with the most current position held**. Show employment history for at least **10 years** or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, **but you must complete the employment section**. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

| | | | |
|---|-----------|--------------------------------|---------------------|
| Dates Employed (month/year) | | Position Title | |
| From: | To: | | |
| Salary | | Organization Name/Address | |
| Start: \$ | Final: \$ | | |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____ | | | |
| May we contact for references | | Supervisor's Name/Title/Phone: | Reason for Leaving: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Duties: | | | |
| | | | |
| Dates Employed (month/year) | | Position Title | |
| From: | To: | | |
| Salary | | Organization Name/Address | |
| Start: \$ | Final: \$ | | |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____ | | | |
| May we contact for references | | Supervisor's Name/Title/Phone: | Reason for Leaving: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Duties: | | | |
| | | | |

REFERENCES

Please list three references we may contact that can provide information based on your personal character. Please do not list any relatives or employers.

| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|
| | | |
| | | |
| | | |

PLEASE READ CAREFULLY BEFORE SIGNING: I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I agree that all rules, orders, and regulations of the Board of Directors affecting my employment shall constitute a part of my appointment or employment. I further understand that LKLP Community Action Council has the right to review my education, previous employment, driving, and criminal records and other background data.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

LKLP is an equal opportunity employer. LKLP does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status, or any other characteristic protected by law. Any person having inquiries concerning the Agency's compliance with these regulations is directed to contact the LKLP Equal Opportunity Officer or the LKLP Executive Director. Inquiries should be directed to:
 LKLP Equal Opportunity Officer, 398 Roy Campbell Drive, Hazard, KY 41701 or via telephone at 606-436-8853.



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EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires LKLP CAC, Inc. to determine this information by visual survey and/or other available information.

NAME: _____

JOB TITLE: _____

GENDER: (Please check one of the options below)

Male Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person with origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person with origins in any black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person with origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person with origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person with origins in any of the original peoples of North and South America and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): A person who identifies with more than one of the above races.

I do not wish to disclose.

SIGNATURE: _____

DATE: _____