



APPLICATION FOR EMPLOYMENT

KCEOC is an Equal Opportunity Employer

APPLICANT INFORMATION

Last Name:	First Name:	MI:	Date:
Address (Street, City, State, Zip Code):			
Phone Number:	Alternate Phone Number:	E-mail Address:	

Please list any other legal names and/or aliases:
Please list the last four digits of your Social Security Number: XXX-XX-_____.

POSITION INFORMATION

Position(s) applying for: 1. 2.	May we refer your application within the agency for other positions which you may qualify for? <input type="checkbox"/> Yes <input type="checkbox"/> No
Available start date:	Available weekends if required: <input type="checkbox"/> Yes <input type="checkbox"/> No Available to work overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been employed by KCEOC? Yes No
If yes, list dates, locations, and departments:

Are you related to anyone currently employed by KCEOC Community Action Partnership **OR** currently serving on the Board of Directors or Policy Council? Yes No
List Name and relationship:

Have you served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates of service:	Have you lived outside of the state of Kentucky in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Are you authorized to work in the U.S.? Yes No
If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.

Do you have a valid drivers licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

How did you find out about this job opening?
 KCEOC Web Site Human Resource Office KCEOC Employee Newspaper (Identify):
 Other (Please Explain): Social Media

EDUCATION

	Name and Location of School	Number of Years Completed	Diploma, Degree, or Certificate	Course of Study
High School				
College/University				
Other				
Other				
Other				

EMPLOYMENT HISTORY

Dates Employed (Month/Year): to			Position Title:		
Salary Start: \$ Final: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Organization Name and Address:		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title:		Supervisor's Phone:	
Duties:					
Reason for leaving:					
Dates Employed (Month/Year): to			Position Title:		
Salary Start: \$ Final: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Organization Name and Address:		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title:		Supervisor's Phone:	
Duties:					
Reason for leaving:					
Dates Employed (Month/Year): to			Position Title:		
Salary Start: \$ Final: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Organization Name and Address:		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title:		Supervisor's Phone:	
Duties:					
Reason for leaving:					
Dates Employed (Month/Year): to			Position Title:		
Salary Start: \$ Final: \$ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Organization Name and Address:		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title:		Supervisor's Phone:	
Duties:					
Reason for leaving:					

REFERENCES

Please list at least three personal references that are not related to you. Please do not list any references included in the Employment History section above.

Name	Address	Telephone Number

QUALIFICATIONS

Please use the space below to add any additional knowledge, skills, etc., to describe your qualifications.

PLEASE READ CAREFULLY AND SIGN – I authorize KCEOC to make a thorough investigation of my entire work and personal history free of all legal liability. 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 understand that all new hires at KCEOC are subject to a 90 new hire trial period during which time the new hire can be dismissed without notice or cause.**

APPLICANT’S SIGNATURE: _____ DATE: _____

Applications may be mailed, faxed, emailed, or dropped off in the main office.
Please see below for contact information.

Mailing: PO Box 490, Barbourville, KY 40906
Physical: 5448 N US 25E Suite A, Gray, KY 40734
Email: gminiard@kceoc.com
Phone: (606) 546-3152
Fax: (606) 546-2122