

BIG SANDY AREA COMMUNITY ACTION PROGRAM

230 COURT ST

PAINTSVILLE, KY 41240

(606) 789-3641

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

We consider applicants for all positions without discrimination because of race, color, religion, sex, national origin, age, disability, or any other legally protected status.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

This application will remain active only until currently available positions to which the application relates have been filled.

BASIC INFORMATION: Please print in ink.

| | | |
|---|--------------------------------|-----------------------------------|
| Position Applied For | Date of Application | |
| How Did you Learn About Us? | | |
| <input type="radio"/> Advertisement | <input type="radio"/> Friend | <input type="radio"/> Walk-In |
| <input type="radio"/> Employment Agency | <input type="radio"/> Relative | <input type="radio"/> Other _____ |

| | | | | |
|---------------------|------------|-------------|-------|----------|
| Last Name | First Name | Middle Name | | |
| Address: Number | Street | City | State | Zip Code |
| Telephone Number(s) | | | | |
| Email Address | | | | |

Salary requirements: _____ Date Available: _____

Are you lawfully authorized to work in the United States? Yes No

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

Previous addresses and dates for the past **SEVEN** years. When applicable, include addresses at which you resided while attending school. If more than three, include an additional sheet of paper with the requested address information.

| | | | | | |
|--------------|-----|--------|--------|------|-------|
| From: Zip | To: | Number | Street | City | State |
|--------------|-----|--------|--------|------|-------|

-

| | | | | | |
|--------------|-----|--------|--------|------|-------|
| From: Zip | To: | Number | Street | City | State |
|--------------|-----|--------|--------|------|-------|

-

| | | | | | |
|--------------|-----|--------|--------|------|-------|
| From: Zip | To: | Number | Street | City | State |
|--------------|-----|--------|--------|------|-------|

-

EMPLOYMENT HISTORY Start with your present or most recent job and cover your last three jobs. Include any job-related military service assignments, self-employment, summer and part-time jobs.

| | | | | | |
|---------------|---------|---------|-----------------|---------|------------|
| 1 | Company | Address | | | Telephone |
| Date Employed | From | To | Starting Salary | Leaving | Supervisor |

Your Duties:

Reason for Leaving:

| | | | | | |
|---------------|---------|---------|-----------------|---------|------------|
| 2 | Company | Address | | | Telephone |
| Date Employed | From | To | Starting Salary | Leaving | Supervisor |

Your Duties:

Reason for Leaving:

| | | | | | |
|---------------|---------|---------|-----------------|---------|------------|
| 3 | Company | Address | | | Telephone |
| Date Employed | From | To | Starting Salary | Leaving | Supervisor |

Your Duties:

Reason for Leaving:

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes No

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

REFERENCES: (not former Employers or Relatives)

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

EDUCATION:

| School | Name and Address of School | Course of Study | Years Completed | Graduated | List Diploma or Degree |
|-----------------|----------------------------|-----------------|-----------------|---|------------------------|
| High | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other (Specify) | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Are you planning to pursue further studies? Yes No

If so, when and what courses? _____

INTERESTS: Describe your interest in the skills and aptitudes that you feel qualify you for a position with our Agency. (This may include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting, etc.) If you need more space, please continue on a separate sheet. _____

ACKNOWLEDGEMENT

Please Read Before Signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements or omissions on this application may result in dismissal.

I UNDERSTAND THAT, IF THE AGENCY EMPLOYS ME, EITHER THE AGENCY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the Agency other than the Executive Director has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER