



## APPLICATION FOR EMPLOYMENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Application \_\_\_\_\_

**Position(s) Desired: (do not list "any")**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*As a condition of (and/or continued) employment with KMHA, applicants must furnish at least three credible references and submit to 1) drug and substance abuse testing, 2) background and criminal records check 3) physical and TB skin tests, 4) provide and maintain credentials, certifications or licensure requirements, and 5) maintain a current/valid drivers license and up-to-date insurance information, as required of the position.*

**Applications are Active for 60 Days (or as required by law)**

Web site: [www.kymha.org](http://www.kymha.org)  
Phone # - (606) 487-9505

APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record at KMHA. Keep this in mind as you complete it. Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. KMHA, does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, marital status, disability or any other legally protected class. You may request assistance in completing this application.

PERSONAL

Name \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_
First M. I. Last
Street \_\_\_\_\_ Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_
Cell/Digital Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_
Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_
If younger than 18, state your age here \_\_\_\_\_ Are you legally entitled to work in the United States? \_\_\_ yes \_\_\_ no
\*\*You will be required to comply with the US Immigration regulations to prove your identify and right to work in the United States.
Any convictions of a crime(s), \_\_\_ No \_\_\_ Yes If Yes - Explain \_\_\_\_\_

Answer these questions for all positions requiring the use of a vehicle:

Have you ever been convicted of a moving traffic violation? \_\_\_ No \_\_\_ Yes If yes, list all here: \_\_\_\_\_

Have your driving privileges ever been revoked or suspended? \_\_\_ No \_\_\_ Yes

If yes, list here: \_\_\_\_\_

Do you currently hold a Commercial driving license? \_\_\_ No \_\_\_ Yes If yes, what state? \_\_\_\_\_

EDUCATION

High School (Name and Address) \_\_\_\_\_
Did you graduate? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_ G.E.D. Obtained? \_\_\_\_\_ Grade Average \_\_\_\_\_
College/University (Name and Location) \_\_\_\_\_
College/University (Name and Location) \_\_\_\_\_
Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Degree \_\_\_\_\_
Major \_\_\_\_\_ Minor \_\_\_\_\_ If attending, date of graduation \_\_\_\_\_
Other Education \_\_\_\_\_
Awards, Honors, Leadership Roles: \_\_\_\_\_

MILITARY \_\_\_ not applicable

List service in U.S. Military: Branch \_\_\_\_\_ Number of years served: \_\_\_\_\_

Military experience that may be applicable to your employment here: \_\_\_\_\_

GENERAL EMPLOYMENT INFORMATION

1. List equipment with which you have experience and training. (Examples: small tools, cash register, word processor, calculator, computers, software, and level of experience, i.e. beginner, intermediate, expert.):

\_\_\_\_\_

2. Salary Expectation \_\_\_\_\_ hour or weekly \_\_\_\_\_

3. Number of hours you are available per week? \_\_\_\_\_ or \_\_\_\_\_ No preference
4. Type of employment sought: \_\_\_\_\_ regular full time \_\_\_\_\_ regular part time  
 \_\_\_\_\_ temporary \_\_\_\_\_ seasonal \_\_\_\_\_ as needed
5. Which of the following are you available: **Days:** \_\_\_\_\_ yes \_\_\_\_\_ no **Nights:** \_\_\_\_\_ yes \_\_\_\_\_ no  
**Weekends:** \_\_\_\_\_ yes \_\_\_\_\_ no **Holidays:** \_\_\_\_\_ yes \_\_\_\_\_ no **Shift Work:** \_\_\_\_\_ yes \_\_\_\_\_ no
6. Indicate hours you are available to work on the following days (**Check Anytime, if you have no restrictions**)  
 Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
 \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ Anytime \_\_\_\_\_ Anytime \_\_\_\_\_ Anytime \_\_\_\_\_ Anytime \_\_\_\_\_ Anytime
7. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary? (Please refer to the summary of qualifications or request a review of the job description)  
 \_\_\_ Yes \_\_\_ No \_\_\_ Don't know • If no, indicate reason: \_\_\_ need different hours \_\_\_ need different days  
 \_\_\_ need more training or credentials, Other, (explain accommodation needed:)
8. Do you have relatives (past or present) employed by KMHA? \_\_\_ No \_\_\_ Yes. If Yes, name of such employee(s) and relationship:

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**EXPERIENCE: List below all present and past employment, beginning with your most recent employer (Attach additional documents or pages, if necessary)**

1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving: \_\_\_ Quit \_\_\_ Discharge \_\_\_ Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_ \_\_\_ Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_ Please do not contact this employer. Why not? \_\_\_\_\_
- 
2. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving: \_\_\_ Quit \_\_\_ Discharge \_\_\_ Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_ \_\_\_ Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_ Please do not contact this employer. Why not? \_\_\_\_\_
- 
3. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving: \_\_\_ Quit \_\_\_ Discharge \_\_\_ Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_ \_\_\_ Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_ Please do not contact this employer. Why not? \_\_\_\_\_
- 
4. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving: \_\_\_ Quit \_\_\_ Discharge \_\_\_ Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_ \_\_\_ Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_ Please do not contact this employer. Why not? \_\_\_\_\_
- 
5. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week

Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving: \_\_Quit\_\_ Discharge \_\_ Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_ π Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 \_\_Please do not contact this employer. Why not? \_\_\_\_\_

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**In the following space , please describe briefly why you are applying for this position (attach additional pages if necessary)**

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**In the following space, please describe your strengths and talents and how our company will benefit from your work here (attach additional pages if necessary)**

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**CONDITIONS OF EMPLOYMENT**

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements or omission of facts on this application may cause my immediate dismissal.
- II. I authorize such background investigations and personal reports as deemed necessary to: (1) verify that the information I have supplied is true and accurate: (2) determine my fitness for this job, and: (3) hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that overtime work is a condition of employment.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand: (1) I am an employee at will, (2) This application is not a contract of employment with KMHA, (3) My employment and compensation can be terminated, with or without cause, at anytime, at the option of either KMHA, or me. I understand that no representative of KMHA, has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of KMHA, may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and the Executive Director of KMHA.
- V. I understand that I may be required to submit to a pre-employment, and post-employment test for fitness and/or substance abuse testing, if not prohibited by law.
- VI. Upon separation of employment, I authorize KMHA, to withhold from my final pay check any monies owed to them by me (if not prohibited by law) for equipment, loans, products, services, materials or other assets in my possession not returned.
- VII. If not prohibited by law, I accept that any employment issue, complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_