



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER
 EQUAL TRAINING OPPORTUNITIES
 M/F/H/V

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this Agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Do you know anyone that works at this Agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name(s)	
Are you related to anyone that works for this Agency or is a Board Member?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name(s)	
Have you ever worked under another name?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name(s)	
Are you available for full-time work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what hours can you work?	
Are you available to work overtime if asked?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what hours can you work?	
Is transportation available for job if needed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	State age if under 18:	

EDUCATION

High School		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

MEMBERSHIP, PROFESSIONAL, OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion, or national origin.)

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PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain:		

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

Summarize special skills and qualifications acquired from employment, education, or other experience:

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Professional licenses or certificates (include license or certificate number) you hold:

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State any additional information you feel may be helpful to us in considering your application:

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TO COMPLY WITH STATE AND FEDERAL REQUIREMENTS, CERTAIN AGENCY PROGRAMS MANDATE A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT.**DISCLAIMER AND SIGNATURE**

I, the applicant named in the above (forgoing), do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentation or falsification, my application will be rejected, my name will be removed from consideration, and it shall constitute grounds for my dismissal. I authorize Blue Grass Community Action Partnership, Inc. to make the necessary and appropriate investigation to verify the information contained herein.

Signature

Date



1015 Dispatchers Way • LaGrange, Kentucky 40031
 (502) 222-1349 • Fax (502) 222-0968



EQUAL OPPORTUNITY EMPLOYER
Serving Henry, Oldham, and Trimble Counties

To monitor the effectiveness of the Agency's Affirmation Action Program, we request that you voluntarily complete the following information. This form will be detached and filed separately.

County

State

Age: Under 40 Over 40

Race: Asian Black/African American Hispanic/Latino
 Native Hawaii/Pacific Islander Two or More Races White

Gender: Male Female

Handicapped: Yes No

Veteran: Yes No

Position applied for: _____

Applicant Name (Printed)

Date

Applicant Signature



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APPLICANT ACKNOWLEDGEMENT OF DRUG TEST REQUIREMENTS

I understand that as part of my application for employment, I must successfully complete a USDOT drug test as required by 49 CFR parts 655. I understand that a negative test result is required before I will be considered for hire. I also understand that I will be subject to Drug and Alcohol Testing provisions of 49 CFR Part 40 as amended and 655 throughout my period of employment in a USDOT/FTA/FMCSA safety-sensitive position.

Applicant Name (Printed)

Witness

Applicant Signature

Date

Date

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED!