



# Mountain Comprehensive Care Center

104 South Front Avenue

Prestonsburg, Kentucky 41653

(606) 886-8572

Fax (606) 886-4433

Rev. 4-2005



## APPLICATION FOR EMPLOYMENT (AN EQUAL OPPORTUNITY EMPLOYER)

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap.

PLEASE PRINT to complete and return to the above address: ATTN: Personnel Office

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

REFERRAL SOURCE: \_\_\_\_\_ Advertisement \_\_\_\_\_ Employment Agency \_\_\_\_\_ Friend  
\_\_\_\_\_ Walk-in \_\_\_\_\_ Relative \_\_\_\_\_ Other

NAME: \_\_\_\_\_

LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

TELEPHONE #:( ) - or ( ) -

SOC SEC NUMBER: - - e-mail address \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, work number ( ) - Best time to call: \_\_\_\_\_

Have you ever filed an application here before? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, please give the approximate date(s): / / / / /

Have you ever been employed here before? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, reason for leaving \_\_\_\_\_

Do you have a valid Kentucky Driver's License? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you legally eligible for employment in this country? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Proof of Citizenship or Immigration Status may be required upon employment)

Have you lived outside of Kentucky in the past 12 months? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, which State \_\_\_\_\_

Have you been convicted of a crime within the last seven (7) years, including sex-related or child abuse related offenses? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, please explain \_\_\_\_\_

(Such conviction may be relevant if job related, but does not bar you from employment)

Have you ever been required by any licensing board or professional entity to surrender your license or been found guilty of professional ethics code violations or professional misconduct? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain \_\_\_\_\_

Date available for work: / /

Type of Employment desired: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary  
\_\_\_\_\_ Seasonal \_\_\_\_\_ Educational Co-op

Are you subject to recall due to a lay-off? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Are you willing to relocate if the job requires it? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Are you willing to travel if the job requires it? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Are you willing to work overtime if the job requires it? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Are you willing to work a shift position if the job requires it? \_\_\_\_\_ YES \_\_\_\_\_ NO

**EDUCATION**

	<b>High School</b>	<b>College/University</b>	<b>Graduate School</b>
<b>School Name City and State</b>			
<b>Years Completed (Circle One)</b>	<b>9 10 11 12</b>	<b>1 2 3 4</b>	<b>1 2 3 4</b>
<b>Diploma / Degree</b>			
<b>Describe Study (Briefly)</b>			

Describe Specialized Training, Apprenticeship, Skills, and Extracurricular Activities:

\_\_\_\_\_

\_\_\_\_\_

Honors Received: \_\_\_\_\_

*You **MUST** furnish proof of Educational Certifications, Diplomas, and/or GED to verify your educational background upon employment.*

**EMPLOYMENT EXPERIENCE**

<b>Employer/Address/Phone #:</b>	<b>Dates Employed:</b> From / / To / /	<b>Work Performed:</b>
<b>Job Title:</b> <b>Supervisor's Name:</b>	<b>Salary:</b> Beginning _____ Ending _____	<b>Reason for Leaving:</b>

<b>Employer/Address/Phone #:</b>	<b>Dates Employed:</b> From / / To / /	<b>Work Performed:</b>
<b>Job Title:</b> <b>Supervisor's Name:</b>	<b>Salary:</b> Beginning _____ Ending _____	<b>Reason for Leaving:</b>

<b>Employer/Address/Phone #:</b>	<b>Dates Employed:</b> From / / To / /	<b>Work Performed:</b>
<b>Job Title:</b> <b>Supervisor's Name:</b>	<b>Salary:</b> <b>Beginning</b> _____ <b>Ending</b> _____	<b>Reason for Leaving:</b>

<b>Employer/Address/Phone #:</b>	<b>Dates Employed:</b> From / / To / /	<b>Work Performed:</b>
<b>Job Title:</b> <b>Supervisor's Name:</b>	<b>Salary:</b> <b>Beginning</b> _____ <b>Ending</b> _____	<b>Reason for Leaving:</b>

Summarize Special Skills and Qualifications Acquired from Employment or Other Experiences:

\_\_\_\_\_

\_\_\_\_\_

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**PERSONAL REFERENCES (LIST 3)**

**NAME:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DAY TIME PHONE #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DAY TIME PHONE #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DAY TIME PHONE #:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_

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**APPLICANT'S STATEMENT**

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

As a condition of and in consideration for MCCC's consideration of this application, I give permission and authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. I understand, also, that I am required to abide by all rules and policies of the company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ADMINISTRATIVE OFFICE OF THE COURTS  
PRETRIAL SERVICES  
100 MILLCREEK PARK FRANKFORT, KENTUCKY 40601  
(502) 573-2350**

The process to obtain the information contained in the COURT DISPOSITION SYSTEM is as follows:

Individuals . . . . . Requesting a record on yourself is free. Enclose a self-addressed stamped envelope for a return reply.

Others . . . . . A request on another person requires a \$15.00 check or money order and must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked. These requests will be considered commercial.

Non-Profit . . . . . And Governmental Units must provide both envelopes mentioned above, a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request. Multiple inquiries can be made on a continuation form.

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services at (502) 573-2350.**

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Maiden or Alias Name(s): \_\_\_\_\_

Address (Street # / PO Box #): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Individual Request: I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Other Request:**

I have provided the basic information necessary to qualify for record processing and exemption of fees, if applicable.

\_\_\_\_\_  
Tax/Exempt/User#

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

( ) -  
Phone

\_\_\_\_\_  
City, State, Zip Code