



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

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

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

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

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

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

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

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

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:** _____

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