

## **MOUNTAIN PLUS SERVICES**

for

## **Mountain Comprehensive Care Center**

104 S Front Ave., Prestonsburg, Ky 41653 (606) 886-8572 Fax (606) 886-4433



## 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:AdvertisementEmployment AgencyFriendOther			
NAME: LAST FIRST MIDDLE			
LAST FIRST MIDDLE ADDRESS:			
STREET         CITY         STATE         ZIP           TELEPHONE #:()         or ()			
SOC SEC NUMBER: e-mail address			
NATIONALITY:GENDER:MFVETERAN:YesNo			
May we contact you at work?YESNO  If yes, work number ()Best time to call:			
Have you ever filed an application here before?YESNO  If yes, please give the approximate date(s)://			
Have you ever been employed here before?YESNO  If yes, reason for leaving			
Do you have a valid Kentucky Driver's License?YESNO			
Are you legally eligible for employment in this country?YESNO (Proof of Citizenship or Immigration Status may be required upon employment)			
Have you lived outside of Kentucky in the past 12 months?YESNO  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?  YESNO 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?YESNO  If YES, please explain			
Date available for work://			
Type of Employment desired: Full-time Part-time Temporary			

Seasonal EducationalCo-op			
Are you subject to recall due to a lay-off?  Are you willing to relocate if the job requires it?  Are you willing to travel if the job requires it?  Are you willing to work overtime if the job requires it?  Are you willing to work a shift position if the job requires it?		YESNOYESNOYESNOYESNOYESNO	
EDUCATION			
	High School College/Unive	ersity Graduate School	
School Name City and State			
(circle one)	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 / /			
Job Title:	Supervisor's Name:	Reason for Leaving:	
Employer/Address/Phone#:	Dates Employed:	Work Performed:	
Employer/Address/1 noneπ.	From / / to / /	Work renormeu.	
Job Title:	Supervisor's Name:	Reason for Leaving:	

Employer/Address/Phone#:	<b>Dates Employed:</b>	Work Performed:
	From / / to / /	
Job Title:	Supervisor's Name:	Reason for Leaving:
Employer/Address/Phone#:	Dates Employed:	Work Performed:
	From / / to / /	
Job Title:	Supervisor's Name:	Reason for Leaving:
Job Tide.	Supervisor s rvanic.	Reason for Deaving.
Summarize Special Skills and Qualif	fications Acquired from Employment or O	ther Experiences:
PERSONAL REFERENCES (LIST	73)	
NAME:	OCC	UPATION:
ADDRESS:		
DAY TIME PHONE #: #:()	YEARS KNO	OWN:
NAME:	OCC	UPATION:
ADDRESS:		
DAY TIME PHONE #: #:()	YEARS KNO	OWN:
NAME:		UPATION:
DAY TIME PHONE #: #:()		OWN:
APPLICANT'S STATEMENT		
The facts set forth in my application		employed, false or misleading statements
or omissions may result in termination	on of employment.	
As a condition of and in consideration	on for MCCC's consideration of this applic	cation, I give permission and authorize
	ned in this application for employment as	
that I am required to abide by all rule		contract of employment. I understand, also
	T	
Signature of Applicant		Date
		The state of the s

## 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 #: \_\_\_\_-\_ 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 **Other Request:** I have provided the basic information necessary to qualify for record processing and exemption of fees, if applicable. Tax/Exempt/User# Requestor

Phone

Street Address

City, State, Zip Code