



APPLICATION FOR EMPLOYMENT

Mountain Comprehensive Care Center, Inc. Mountain Plus Services, Inc.

Name _____

Date _____

Please indicate the position(s) for which you wish to be considered.

1. _____

2. _____

3. _____

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 the position(s) for which you have applied. Upon employment, this application will become part of your permanent record at MCCC OR Mt Plus Services.. 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. MCCC OR Mt Plus Services does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, or any other legally protected class. You may request assistance in completing this application.

PERSONAL

Name _____ Contact Phone Number: () _____
First M.I. Last
Street _____ Box _____ City _____ ST _____ Zip _____
E-Mail Address _____ @ _____ If younger than 21, state your age here _____

Are you legally entitled to work in the United States? [] yes [] no Compliance with I-9 requirements is mandatory, upon employment

NOTE: Criminal records checks are conducted after a job offer is made and may result in the withdrawal of the job offer. Please initial here to indicate you understand that your criminal record may prohibit you being employed here: _____

For positions requiring use of a vehicle: [] Does not apply

Have you ever been convicted of a moving traffic violation? [] yes [] no If yes, list all here: _____

Have your driving privileges ever been revoked or suspended? [] yes [] no If yes, list here when and why: _____

Do you currently hold a Commercial driving license (CDL)? [] yes [] no

EDUCATION

Did you graduate from High School? _____ If no, last grade completed _____ Grade Average _____

College or university (Name and location) _____

College or university (Name and location) _____

Please initial here to certify that your college degree was earned through the actual completion of college level course work and conferred by an accredited college or university where you completed your coursework. _____

Did you graduate? _____ If no, number of hours completed _____ Grade Point Average _____ Degree _____

Major _____ Minor _____ If attending, date of graduation _____

Other Education _____

License(s), including the state of issue and the number: _____

MILITARY [] not applicable

List service in U.S. Military: From _____ to _____ Branch _____

Rank at Discharge _____ Military experience that may be applicable to working here _____

GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (Examples: pallet jack, small tools, , CAD Systems, computers, lathe, CNC Machines, etc.): _____
2. Are you willing to relocate? _____ If yes, state location preferred _____
3. Salary Expected _____ hour _____ per week or _____ per year Hours you are available per week? _____ No preference
4. Type of work 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 (or check *Anytime*, if you have no restrictions):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
7. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary? yes no don't know
 •If no, indicate reason: need different hours need different days need more training need a driver
 Other, (explain accommodation needed:) _____
8. Are you currently under a non-compete or non-solicitation agreement that will prevent you from working for a business in our industry? yes no If yes, please explain and list the date the agreement expires: _____

EXPERIENCE: List below all present and past employment, beginning with your most recent employer

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? _____

In the following space, please describe how we will benefit from your work here.

Please list the name, address and contact information of three references who can attest to your knowledge, skill and ability to perform the work for which you are applying. We are seeking business related references, not personal references.

Name: _____ Phone No. (_____) _____

Employer: _____ Location: _____ Position: _____

Name: _____ Phone No. (_____) _____

Employer: _____ Location: _____ Position: _____

Name: _____ Phone No. (_____) _____

Employer: _____ Location: _____ Position: _____

CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize whatever background and personal reports needed to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original. I understand that the results of a criminal record check may result in the withdrawal of a job offer.
- III. I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at-will, and that this application may never be considered to be a contract of employment with MCCC or MP Services and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either MCCC or MP Services or me. I understand that no representative of MCCC or Mt Plus Services 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 MCCC or Mt Plus Services may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and the MCCC or Mt Plus Services' CEO.
- V. I understand that I will be required to submit to a pre-employment, and/or post-employment test for fitness and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize MCCC or Mt Plus Services to withhold from my final pay check any monies owed by me (if not prohibited by law) for pay advances, equipment, loans, products, services, uniforms unreturned, benefits advanced that I have not earned, materials or other assets in my possession not promptly returned or repaid, as agreed.
- VII. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law, before any other legal action is taken.

DATE _____ **SIGNATURE** _____

**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