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

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Have your driving privileges ever been revoked or suspended?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 ______ 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
   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime
   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime
   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime

   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime
   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ Anytime   □ 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?

   ...
□ 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 any time, 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__________________________________________________________
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 Phone Date

_______________________________
Street Address City, State, Zip Code