

Application for Employment

(Please do not use the Submit Button)

Appendix A

www.christianapp.org



Mail to:
 Human Resources
 P.O. Box 1768
 Paintsville, KY 41240
 Attn: Employment Department
or Email to:
 wduncan@chrisapp.org

Instructions

Print in Ink or Type. Answer each item completely and accurately. Incomplete answers may cause delays. False answers will lead to dismissal, if employed.

Position applied for _____

Name _____
 Last First Middle

Have you ever been known by another name? Yes No If yes, explain _____

Address _____
 Street City State Zip

Telephone Number _____ If necessary, best time to call you at home is _____

May we contact you at work? Yes No If yes, work number and best time to call _____

Are you eighteen or older? Yes No Email address _____

Have you been employed here before? Yes No If yes, give dates: From _____ To _____

Type of employment desired: Regular Full-Time Regular Half-Time Regular Part-Time Temporary

Are you legally eligible for employment in this country? Yes No (Proof of identity and employment status will be required upon employment.) Will you work overtime if required? Yes No

Are you on lay-off and subject to recall? Yes No Are you proficient in the English language? Yes No

Do you have a valid driver's license? Yes No Will you travel if the job requires it? Yes No

Military service? Yes No Rank at time of discharge _____

Education and Training: Please select highest grade completed. Have you passed a G.E.D. Test? Yes No
 Grade School High School College Graduate School If yes, a copy of scores or the G.E.D. certificate and/or original college transcripts are required at the time of hire
 1 2 3 4 5 6 7 8 1 2 3 4 1 2 3 4 1 2 3 4

School	Name and Address of School	Number of Hours*		Fields of Study		Diploma, Certificate Earned or Degree
		Completed	Now Carrying	Major	Minor	
High School						Diploma:
Vocational, Business, Technical						Certificate Earned:
College or University						Degree:
Graduate College or University						Degree:

*Indicate if quarter hours

Employment History

Begin with your present or most recent job and list fully and accurately the details of each job you have held. Include volunteer work and military experience. If you have moved to a different position within the same organization so that your duties changed, then describe that as a separate job. Resumes must follow the format shown below.

PLEASE NOTE IF YOU HAVE WORKED UNDER A DIFFERENT NAME.

Employed: From _____ To _____ Title of Position: _____ Starting hrly rate \$ _____ Last hrly rate \$ _____ Reason for leaving _____ Name of Employer _____ Address: _____ <div style="text-align: center;">Street</div> _____ <div style="display: flex; justify-content: space-between;"> City State Zip </div> Telephone: (____) _____ Immediate Supervisor & Title: _____ _____ _____	A description of job duties MUST be given:
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Employed: From _____ To _____ Title of Position: _____ Starting hrly rate \$ _____ Last hrly rate \$ _____ Reason for leaving _____ Name of Employer _____ Address: _____ <div style="text-align: center;">Street</div> _____ <div style="display: flex; justify-content: space-between;"> City State Zip </div> Telephone: (____) _____ Immediate Supervisor & Title: _____ _____ _____	A description of job duties MUST be given:
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Employed: From _____ To _____ Title of Position: _____ Starting hrly rate \$ _____ Last hrly rate \$ _____ Reason for leaving _____ Name of Employer _____ Address: _____ <div style="text-align: center;">Street</div> _____ <div style="display: flex; justify-content: space-between;"> City State Zip </div> Telephone: (____) _____ Immediate Supervisor & Title: _____ _____ _____	A description of job duties MUST be given:
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Continuation of Employment History

Employed: From _____ To _____ Title of Position: _____ Starting hrly rate \$ _____ Last hrly rate \$ _____ Reason for leaving _____ Name of Employer _____ Address: _____ <div style="text-align: center;">Street</div> _____ <div style="display: flex; justify-content: space-between;"> City State Zip </div> Telephone: (____) _____ Immediate Supervisor & Title: _____ _____	A description of job duties MUST be given:
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Employed: From _____ To _____ Title of Position: _____ Starting hrly rate \$ _____ Last hrly rate \$ _____ Reason for leaving _____ Name of Employer _____ Address: _____ <div style="text-align: center;">Street</div> _____ <div style="display: flex; justify-content: space-between;"> City State Zip </div> Telephone: (____) _____ Immediate Supervisor & Title: _____ _____	A description of job duties MUST be given:
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Employed: From _____ To _____ Title of Position: _____ Starting hrly rate \$ _____ Last hrly rate \$ _____ Reason for leaving _____ Name of Employer _____ Address: _____ <div style="text-align: center;">Street</div> _____ <div style="display: flex; justify-content: space-between;"> City State Zip </div> Telephone: (____) _____ Immediate Supervisor & Title: _____ _____	A description of job duties MUST be given:
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List any special skills or training (e.g. word processing, licenses, etc.) we should be aware of in considering your application:

References:

List character references other than relatives, former employers or supervisors.

Name	Telephone Number	Occupation – Where Employed	Years Known

List professional, trade, business or civic associations and any offices held (exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status).

Name of Organization	Offices Held

Do you have relatives currently employed with CAP (1st cousin or closer)? Yes No

IMPORTANT – THIS SECTION MUST BE COMPLETED

Have you, AT ANY TIME:

- (a) been convicted of, or pleaded guilty or no contest to, ANY crime, including, but not limited to, any sex crime, any violent offender crime, or any crime related to the molestation, exploitation, neglect or abuse of an adult or child; or
- (b) been found by the Kentucky Cabinet for Health and Family Services (or any other state, federal or local government cabinet, agency or entity) or ANY court of law to have abused or neglected an adult or child; or
- (c) been convicted of a felony in the last ten (10) years?

No () Yes ()

If yes, please list charges, convictions:

I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by the Christian Appalachian Project (CAP), will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.

If offered a position with CAP, I give the Employer permission to investigate all references and to secure a Criminal Records check, Motor Vehicle Driver’s report, and a pre-employment drug screen as a condition of employment; and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and other persons, Fair Credit Reporting Agencies (FCRA), organizations/corporations for furnishing such information.

If offered a position with CAP, I also agree to undergo any health-related examination(s) required to determine whether I can perform the essential functions of the position.

Christian Appalachian Project (CAP) is an equal opportunity employer and questions on this application are not used for the purpose of limiting or excluding any applicant from being considered for employment on a basis that is prohibited by local, state or federal law.

CAP IS AN AT-WILL EMPLOYER, WHICH MEANS, IF HIRED, MY EMPLOYMENT AND THE EMPLOYMENT RELATIONSHIP CAN END AT ANY TIME AND FOR ANY OR NO REASON.

This application is current only for the vacant position(s) for which I am now applying. I understand that if I wish to apply for future positions, I must complete a new application.

APPLICANT’S SIGNATURE

DATE

_____ (Original signature obtained at interview if applicable.)

**CHRISTIAN APPALACHIAN PROJECT
Affirmative Action Information**

Human Resources Interoffice Only (This is a voluntary form)
File Separate From Application
NOT FOR INTERVIEW PURPOSES

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legal protected status.

Date: _____

Position (S) Applied For: _____

Referral Source:

___ Advertisement ___ Employee ___ Relative ___ Walk-In ___ School

___ Government Employment Agency ___ Private Employment Agency ___ CAP Website

___ CareerBuilder Other _____

Name Of Referral Source (If Applicable): _____

Applicant's Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Phone: _____

Home (Include Area Code)

Cell (If Applicable)

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping reporting and other legal obligation, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check One: ___ Male ___ Female

Check One Of The Following Race/Ethnic Groups:

___ Hispanic ___ African American ___ Caucasian ___ Native American /Alaskan Native

___ Asian/Pacific Islander

Check Any If Any Of The Following Are Applicable:

___ Veteran ___ Individual with a Disability