

**INDEPENDENT OPPORTUNITIES**  
**ONLINE APPLICATION FOR EMPLOYMENT**  
**“AN EQUAL OPPORTUNITY EMPLOYER”**

DATE \_\_\_\_\_

POSITION(S) YOU ARE APPLYING FOR: \_\_\_\_\_

WORK DESIRED:      FULL-TIME      PART-TIME      PERMANENT      TEMPORARY  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**PERSONAL DATA**

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ (COUNTY)

PREVIOUS ADDRESS \_\_\_\_\_ (COUNTY)

NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_ (NAME) (RELATIONSHIP) (PHONE)

FOR PURPOSE OF COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT, ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES,      YES      NO. UNDER THE S

IMMIGRATION REFORM AND CONTROL ACT OF 1986, YOU WILL BE REQUIRED TO FILL OUT A CERTIFICATION VERIFYING THAT YOU ARE ELIGIBLE TO BE EMPLOYED AND VERIFYING YOUR IDENTITY. FURTHER, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO THAT EFFECT, SHOULD YOU BE EMPLOYED.

LIST ANY RELATIVES EMPLOYED BY A COMMUNITY MH/MR CENTER \_\_\_\_\_

WILL YOU ACCEPT APPOINTMENTS ONLY IN CERTAIN LOCATIONS       YES       NO

IF YES, LIST LOCATIONS \_\_\_\_\_

**EDUCATION AND TRAINING**

GIVE COMPLETE INFORMATION FOR ALL YOUR EDUCATION AND TRAINING. IF YOU HAVE COMPLETED COLLEGE WORK, YOU MAY BE REQUESTED TO FURNISH AN OFFICIAL TRANSCRIPT OF ALL COMPLETED WORK.

ENTER THE HIGHEST GRADE COMPLETED: \_\_\_\_\_  
IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA?       YES       NO.

ENTER THE NUMBER OF YEARS OF POST HIGH SCHOOL EDUCATION: \_\_\_\_\_

NAME OF INSTITUTION	LOCATION	HOURS	DEGREE RECEIVED	MAJOR/MINOR
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HAVE YOU EVER BEEN CONVICTED OF LAW VIOLATION(S), INCLUDING MOVING TRAFFIC VIOLATIONS, BUT EXCLUDING OFFENSES BEFORE YOUR EIGHTEENTH BIRTHDAY WHICH WERE ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW \_\_\_\_ YES \_\_\_\_ NO IF YES, LIST AND EXPLAIN \_\_\_\_\_

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THIS AGENCY WILL REQUIRE ALL EMPLOYEES HAVE A CRIMINAL RECORDS CHECK TO BE COMPLETED BY THE KENTUCKY STATE POLICE AT THE POINT OF EMPLOYMENT.

WOULD YOU PROVIDE YOUR OWN TRANSPORTATION IF NECESSARY FOR YOUR EMPLOYMENT?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

AVAILABLE DATE TO START WORK \_\_\_\_\_

### **CERTIFICATION**

EACH APPLICANT REQUIRES CURRENT DATE AND ORIGINAL SIGNATURE

I HEREBY CERTIFY THAT ALL ENTRIES ON THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE AND COMPLETE AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION HEREIN, REGARDLESS OF TIME OF DISCOVERY, MAY CAUSE FORFEITURE ON MY PART ON ANY EMPLOYMENT IN THE AGENCY. I UNDERSTAND THAT ALL INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION AND I CONSENT TO REFERENCES, FORMER EMPLOYERS AND EDUCATIONAL INSTITUTIONS LISTED BEING CONTACTED REGARDING INFORMATION RECEIVED FROM SUCH CONTACTS. THE AGENCY EXECUTIVE DIRECTOR MAY DISSEMINATE INFORMATION CONTAINED ON THIS APPLICATION TO OTHER AGENCIES, NON-GOVERNMENTAL ORGANIZATIONS, OR SYSTEMS ON A NEED-TO-KNOW BASIS FIR GOOD CAUSE SHOWN AS DETERMINED.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_