

Employment Application

Lake Cumberland Area Development District, Inc.
PO Box 1570
Russell Springs, KY 42642

Submission may be by U.S. Postal Service, E-mail, or in person. (See email submission directions on page 5.)

PERSONAL INFORMATION	A	1	NAME Last First Middle				SOCIAL SECURITY NUMBER	
		2	PRESENT ADDRESS—Street City State Zip Code				PHONE NUMBER ()	
		3	PERMANENT ADDRESS = Street City State Zip Code				PHONE NUMBER ()	
		4	EMERGENCY PHONE NO. ()				5	AGE (if under 18)
		6	Have you applied for employment or been employed here before? <input type="checkbox"/> YES <input type="checkbox"/> NO				If yes, give position(s) and date(s).	
	EMPLOYMENT INTEREST	B	1	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY/SEASONAL				2
		3	WHAT POSITION ARE YOU SEEKING?	4	MINIMUM SALARY REQUIREMENT		5	WILL YOU PERFORM SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
		6	CAN YOU TRAVEL IF JOB REQUIRES IT? (Please list any restrictions.) <input type="checkbox"/> YES <input type="checkbox"/> NO				7	Are you on layoff or subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO
		8	DOES ANYONE IN YOUR IMMEDIATE FAMILY WORK HERE? (If yes, list name(s), relationship(s), and department(s). <input type="checkbox"/> YES <input type="checkbox"/> NO					
EDUCATIONAL RECORD		C		EDUCATION	ELEMENTARY	HIGH	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
		1	NAME AND LOCATION OF SCHOOL					
		2	YEARS COMPLETED (CHECK)	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
		3	DIPLOMA/DEGREE					
		4	MAJOR/FIELD OF STUDY					
		5	AREA(S) OF SPECIALIZED TRAINING:					
		6	TITLE OF THESIS AND SPECIAL PROJECT(S):					
		7	HONORS RECEIVED:					
		8	VOCATIONAL OR TECHNICAL SCHOOL ATTENDED:					
		9	SPECIAL SKILL(S) OR CERTIFICATE(S) ACHIEVED:					
		10	SHORTHAND <input type="checkbox"/> YES <input type="checkbox"/> NO WPM:			11	TYPING <input type="checkbox"/> YES <input type="checkbox"/> NO WPM:	

DPREVIOUS EMPLOYMENT: Start with your present or last job, and list all employment experiences. If additional space is needed, use an extra sheet of paper.**EMPLOYMENT EXPERIENCE**

1	EMPLOYER	DUTIES	DATES EMPLOYED	
	ADDRESS		FROM	TO
	JOB TITLE		HOURLY RATE/SALARY	
	SUPERVISOR		STARTING	FINAL
	REASON FOR LEAVING OR WANTING TO LEAVE			
2	EMPLOYER	DUTIES	DATES EMPLOYED	
	ADDRESS		FROM	TO
	JOB TITLE		HOURLY RATE/SALARY	
	SUPERVISOR		STARTING	FINAL
	REASON FOR LEAVING OR WANTING TO LEAVE			
3	EMPLOYER	DUTIES	DATES EMPLOYED	
	ADDRESS		FROM	TO
	JOB TITLE		HOURLY RATE/SALARY	
	SUPERVISOR		STARTING	FINAL
	REASON FOR LEAVING OR WANTING TO LEAVE			
4	EMPLOYER	DUTIES	DATES EMPLOYED	
	ADDRESS		FROM	TO
	JOB TITLE		HOURLY RATE/SALARY	
	SUPERVISOR		STARTING	FINAL
	REASON FOR LEAVING OR WANTING TO LEAVE			

F**OTHER CONSIDERATIONS**

1	IF A LICENSE OR CERTIFICATE IS NEEDED TO PERFORM THE WORK IN THE POSITION APPLIED FOR, PLEASE COMPLETE THE FOLLOWING:
	DRIVERS LICENSE NUMBER
	NAME OF TRADE OR PROFESSIONAL LICENSE NUMBER
2	LIST ANY SKILLS AND ABILITIES THAT YOU POSSESS THAT WILL BE HELPFUL IN DOING THE JOB APPLIED FOR:

REFERENCE	F	1	GIVE THE NAME OF TWO REFERENCES, DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS		
			NAME	RELATIONSHIP	ADDRESS
					PHONE NO.
			1.		()

ACTIVITIES	G	1	LIST OFFICES HELD IN SCHOOL, CIVIC CLUBS, OR BUSINESS ORGANIZATIONS. YOU MAY OMIT THOSE THAT INDICATE SEX, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN		

	2	CURRENT HOBBIES, INTEREST OR FAVORITE RECREATION:
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ADDITIONAL INFORMATION	H	1	BRANCH OF U.S. MILITARY SERVICE FROM (MO/YEAR) TO (MO/YEAR)	2	HIGHEST RANK ATTAINED
		3	MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES	4	WAS DISCHARGE HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO

This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, and the Americans with Disabilities Act. If you have a disability that will require reasonable accommodations during the pre-employment application/testing procedures, please let us know; you may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatment.

5	ARE YOU A VIETNAM ERA VETERAN? IF YES, MONTH AND YEAR ACTIVE DUTY COMPLETED. <input type="checkbox"/> YES <input type="checkbox"/> NO
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6	ADDITIONAL COMMENTS:

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

ACKNOWLEDGEMENTS	I	1	I certify that the answers given herein are true and complete to the best of my knowledge.		
		2	I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.		
		3	In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.		
		4	I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.		
		5	I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.		
		6	I understand that this application is the property of the employing organization. This application must be signed and dated below before I receive consideration for employment.		
		7	SIGNATURE (Please sign—Do not type or print):	<i>For electronic submission and signature acknowledgement see next page.</i>	8

Electronic Signature Acknowledgement

LCADD utilizes electronic documentation in some instances that requires employees to provide an electronic signature upon document completion, but prior to submittal. This acknowledgement is to make employees aware that by submitting an electronic signature, they are providing an electronic mark, that is held to the same standard as a legally binding equivalent of a handwritten signature provided by a signee. For purposes of the acknowledgement, a digital mark is considered a typed legal First and Last name (legal name may include middle name, initial or suffix) followed by the typed date. Any document requiring an electronic signature shall contain a signature acknowledgment statement provided in the same area requiring the electronic signature. Specific forms include:

- Summary Plan Descriptions
- Summaries of Material Modifications
- COBRA Notices
- HIPAA Certificates
- ACA Documents
- 401 K Documents
- Self-identification forms
- Employment policies
- New hire documents
- Employment policies
- Tax documents
- Handbook
- Application
- Release of information forms
- Post offer medical questionnaire
- Affirmative actions

AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Electronic Signature	
Electronic Signature: *	
Please type your First and Last Name	Date
I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.	

FOR PERSONNEL DEPARTMENT USE ONLY		
Position applied for is open? YES NO	Position(s) considered for:	
Application reviewed by:	Date	
Remarks:		
Arrange Interview <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date:	Time:	
Interviewed by (List Participants):		
Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of employment:	
Position Title:	Department:	Starting Salary:

Instructions for E-mailing Employment Application to an LCADD:

Step 1: Select and download the LCADD Employment Application from LCADD.org, and completely fill out all necessary sections of the application.

Step 2: Save completed application to your computer. (Completed application must be saved in original PDF format.)

Step 3: Email application to LCADD. The subject line of your e-mail must be: (Ref: LCADD Application - Last name, first name, middle name). Example: (LCADD Application, Smith, John, L.). Attach saved application to your email. and send to charla@lcadd.org.

The Lake Cumberland Area Development District maintains an Open Job Application File. If your interests and qualities match a possible future vacancy, we encourage you to send us an application. We will retain your application for one year. Questions regarding this submission process should be directed to the HR Director/EEO Finance Officer at any of the following:

Phone: 270-866-4200

Email: charla@lcadd.org

USPS: Lake Cumberland Area Development District

Attn. Human Resources

P.O. Box 1570

Russell Springs, KY 42642

Please indicate in your application which positions would interest you.