

EMPLOYMENT APPLICATION



Please complete the entire application.

It is the policy of Maynard Counseling Center to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Daytime phone: _____ Evening phone: _____

Mobile phone: _____

Social Security Number: _____

Driver's License (State/Number): _____

Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime phone: _____ Evening phone: _____

Mobile phone: _____

Job Position

Application For: _____

Full or Part Time? _____

Salary Desired _____

Additional Information

Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

Are you at least 18 years old? _____ Yes _____ No

Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations:

If applicable, are you available to work overtime? _____ Yes _____ No

If you are offered employment, when would you be available to begin work?

If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you request?

Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment for the past three years. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year to Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year to Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year to Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year to Month/Year): _____

Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational)

Please indicate any current professional licenses or certifications that you hold

Awards, Honors, Special Achievements

Military Service _____ Yes _____ No

Branch: _____

Specialized Training: _____

References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship to you: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship to you: _____

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Maynard Counseling Center to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Maynard Counseling Center, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

After you complete this application,
please print, sign and upload at kycounseling.org/opportunities.

You may also mail or fax to:
Maynard Counseling Center
1031 Wellington Way, Suite 265
Lexington, KY 40513