



**Comprehend, Inc.**  
Your Community Source for Mental Wellness

611 Forest Avenue  
Maysville, KY 41056  
606-564-4016

## APPLICATION FOR EMPLOYMENT

### Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: HOME: ( ) CELL: ( )

Email Address: \_\_\_\_\_

Are you a citizen or an alien authorized to work in the U.S.? ☐ Yes ☐ No

(Proof of citizenship or immigration status will be required upon employment)

Are you: (circle one) 18-24 21-24 over 25 U. S. Veteran? ☐ Yes ☐ No

### Education

|                                  | Name & Location of School | Dates Attended | Graduate? | Degree/Major |
|----------------------------------|---------------------------|----------------|-----------|--------------|
| High School                      |                           |                |           |              |
| College                          |                           |                |           |              |
| Trade/Business or Correspondence |                           |                |           |              |
| Certifications & Licenses        |                           |                |           |              |

Related Coursework for position applying to:

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Special Skills:

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### Desired Employment

Position Applied For: \_\_\_\_\_

Date Available For Work: \_\_\_\_\_

Salary Range Desired: \_\_\_\_\_

Are you Employed Now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Referred by Comprehend Employee? ☐ Yes ☐ No If so, who? \_\_\_\_\_

Are you available to work: Full Time ☐ Part Time ☐ Temporary/Seasonal ☐

Can you travel if required: ☐ Yes ☐ No

Are you currently on lay-off status or subject to recall? ☐ Yes ☐ No

**Have you been convicted of a felony?** ☐ Yes ☐ No *A conviction will not necessarily disqualify an application for employment.*

**If YES, list offense and explain:**

**Activities:**

(Exclude organizations, the names of which indicates race, creed, sex, age, marital status, color or nation of origin, or disability of its members.)

**Current / Former Employers:**

| Month & Year | Name & Address | Salary | Position | Reason for leaving employment? |
|--------------|----------------|--------|----------|--------------------------------|
| From:<br>To: |                |        |          |                                |
| From:<br>To: |                |        |          |                                |
| From:<br>To: |                |        |          |                                |

**Do We Have Your Permission to Contact Your Previous Employers?** ☐ Yes ☐ No

If NO, state reason: \_\_\_\_\_

**NON-COMPETE:**

Have you ever signed a non-compete agreement with your current or previous employer? ☐ Yes ☐ No

If so, what is the expiration date? \_\_\_\_\_

**Professional References**

| Name | Address | Phone |
|------|---------|-------|
| 1)   |         |       |
| 2)   |         |       |
| 3)   |         |       |

**WE ARE AN EQUAL OPPORTUNITY/ADA EMPLOYER**

Applicants are considered for employment without regard to political affiliation, disability, sexual orientation, race, color, gender, age, national origin, citizenship, religion, or other legally protected status.

**Applicant's Statement**

By my signature below, I certify that answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in making an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such is specifically acknowledged in writing by the authorized executive of this organization.

In the event of employment, I also understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I will be required to abide by all rules and regulations of Comprehend, Inc.

I understand that this application is the property of Comprehend, Inc. and must be signed and dated below before I will be considered for employment.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_