



West Kentucky Workforce Investment Board  
*Project ICE*

## Employment Application

### Project ICE

1. To be considered for temporary employment with this project, you **MUST** be:
  - a. Currently terminated or laid off from employment as a result of a company downsizing or permanent closure; **OR**
  - b. Unemployed for 6 months or longer
2. Complete Section 1 & 2 of the attached application and sign the application.
3. Make a copy of your valid driver's license **AND** your signed Social Security card.
4. Fax the following documents to the fax number listed for your area:
  - a. Completed and signed application
  - b. Copy of valid driver's license
  - c. Copy of signed Social Security card
5. If you are selected for one of the temporary positions, you will be contacted with additional information.



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(Please Print & Complete Sections 1 & 2)

SECTION 1

Name: \_\_\_\_\_ County You Prefer to Work: \_\_\_\_\_
Social Security #: \_\_\_\_\_
Current Mailing Address \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Cell Number: \_\_\_\_\_
Alternate/ Emergency Number: \_\_\_\_\_ Who should we ask for at this number? \_\_\_\_\_
Do you want us to contact you by: Mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Alt Phone # \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_
Are you currently employed? Yes \_\_\_ No \_\_\_ If yes, is it full or part time? \_\_\_\_\_
If on layoff... Do you have a call back date? Yes \_\_\_ No \_\_\_ Last day of work \_\_\_\_\_
Are you related to any current Area Development District employee? Yes \_\_\_ No \_\_\_
If yes, name and relation of individual: \_\_\_\_\_

SECTION 2 - Please list jobs you have had beginning with the most current:

Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
Job Title: \_\_\_\_\_ Former Wage: \_\_\_\_\_ Hours Worked \_\_\_\_\_
Job Description: \_\_\_\_\_

Former Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
Job Title: \_\_\_\_\_ Former Wage: \_\_\_\_\_ Hours Worked \_\_\_\_\_
Job Description: \_\_\_\_\_

All the information I have given above is true and correct to the best of my knowledge.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

To Be Completed By Authorized Staff

Ethnicity: American Indian or Alaskan \_\_\_\_\_ Asian: \_\_\_\_\_ Black/African-American \_\_\_\_\_
(Hawaiian/ Pacific Islander \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ White \_\_\_\_\_)
Selective Service? Yes \_\_\_ No \_\_\_ N/A \_\_\_ Selective Service Registration #: \_\_\_\_\_
Military? Yes \_\_\_ No \_\_\_ If yes, Are you a veteran? Yes \_\_\_ No \_\_\_ Service Dates: \_\_\_\_\_
Diploma or a GED? Yes \_\_\_ No \_\_\_ Working on a GED? Yes \_\_\_ No \_\_\_
Highest Grade Completed: \_\_\_\_\_ High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
College Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Please FAX completed Application with a copy of a Valid Driver's License and Signed Social Security Card to:

Counties of: Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall, McCracken
ATTN: Dee Taylor
270-251-6110

Counties of: Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, Trigg
ATTN: Craig Holloman
270-886-3211