

## **POSITION AVAILABLE**

Daniel Boone Community Action Agency, Inc. (DBCAA) is looking for a **Weatherization Crew Laborer** to join our team!

**Position Summary:** The Weatherization Crew Laborer position is a full-time, hourly position. Weatherization Crew Laborers perform installation of home weatherization materials, air sealing, blow-in insulation, vapor barriers, seal crawl spaces, etc. We are willing to train people who are ambitious, show initiative, and have a great work ethic. Crews meet at our Clay County office location each morning and take company trucks to job sites located in Clay, Jackson, Laurel, and Rockcastle Counties. All tools, safety equipment, and supplies are provided.

### **Job duties and details:**

- Insulate homes, mobile homes, walls, attics, and floors
- Seal under homes, in attics and walls, install some doors and windows occasionally
- Put up carbon monoxide and smoke detectors, replace light bulbs, and shower heads with low-flow shower heads
- Other duties as assigned by Supervisor or Evaluator

### **Physical requirements include the ability to:**

- Crawl through and work in confined, dark spaces, such as attics and crawlspaces for extended periods of time
- Withstand extreme temperatures and adverse weather conditions
- Climb ladders and stairs
- Carry and set up equipment up to 50 lbs.
- Eye-hand coordination
- Work overhead

### **Minimum Applicant Qualifications:**

- Previous carpentry or construction experience
- High School diploma or equivalent (basic reading and math skills are necessary to complete paperwork, required certifications and trainings)
- Strong interpersonal and professional skills including, but not limited to: professional appearance, communication orally and in written form, listening, time management, punctuality, and dependability
- Valid Kentucky driver's license
- Clear driving record
- Clear background check
- Pre-employment and on-going drug testing required
- Ability to operate a vehicle in a safe manner
- Must be insurable and bondable
- Must be trainable, pass and maintain certifications in trainings provided by DBCAA such as: Lead Safe, Defensive Driving, First Aid & CPR, etc.

**Benefit Package:**

- Health Insurance
- Dental Insurance
- Life Insurance
- Kentucky Public Pensions Authority (KPPA) retirement system
- Paid time off including holidays, annual & sick leave

**Wage:**

\$13.50 per hour

**Application Process:**

Qualified applicants may submit an application by email to [info@danielboonecaa.org](mailto:info@danielboonecaa.org) or drop off in person, or by mail to Attn: Human Resources, Daniel Boone CAA, Inc., 1535 Shamrock Road, Manchester, KY 40962.

For an application, please visit our website at: [https://danielboonecaa.org/wp-content/uploads/dbcaa\\_job\\_application\\_fillable-1.pdf](https://danielboonecaa.org/wp-content/uploads/dbcaa_job_application_fillable-1.pdf), call DBCAA Human Resources at (606) 598-5127, email [info@danielboonecaa.org](mailto:info@danielboonecaa.org), or stop by one of our locations.

*Daniel Boone CAA, Inc. does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, disability, age, medical condition, veteran status, genetic information, marital status, retaliation, citizenship, sexual orientation, familial status, or any other legally protected characteristic.*

*An Equal Opportunity Employer*



**APPLICATION FOR EMPLOYMENT**  
**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/D/V**

It is the policy of the company to provide equal employment opportunities to qualified applicants without regard to race, sex, religion, national origin, age, veteran status or disability.

**IMPORTANT, PLEASE READ**

This application will not be considered unless full and satisfactory answers, in your own handwriting, are made to all questions in the following pages. This is not a continuing application, unless accepted or rejected earlier. This application will remain valid for six months from its date of submission, after which it shall be void. It shall not be renewed or extended without submission and completion of a new application.

This application is not only a factor in considering you for employment, but is also kept as a permanent record if employed by the Company. Please complete this application in full. Resumes may be attached but NOT a substitute. Only applications that are complete, legible, and signed will be considered.

**READ EVERYTHING CAREFULLY / PLEASE PRINT**

Social Security  
Number

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Application  
Date

--	--	--	--	--	--

Name

\_\_\_\_\_  
Last, First, MI

Please list all other names or nicknames by which you have been formerly known while working or attending school:

Present  
Address

Previous  
Address

Home  
Phone #

Day Time  
Phone #

Email Address

Position(s)  
Applying For

Have you filed an application with this Company before?

Yes

No

If "Yes" When?

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Month

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Year

Have you ever worked for this company before?

Yes

No

If "Yes", Where and When? \_\_\_\_\_

If applicable to the job you are applying for: Driver's License # \_\_\_\_\_

State \_\_\_\_\_

If employed by the Company and you are under 18 years of age, can you furnish a work permit?

Yes

No

Are you presently legally authorized to work in the United States on a full-time basis? Yes  No

Have you ever been convicted of or plead nolo contendere to a violation of the law, other than a minor traffic violation? Yes  No

If so, when, where, and what was the disposition of the case? \_\_\_\_\_

Are you currently employed? Yes  No  Are you on a lay-off and subject to recall? Yes  No

If you are offered a position, when would you be able to start? 

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Month
Day
Year

Desired Salary? \$ \_\_\_\_\_ Per Year Least acceptable salary? \$ \_\_\_\_\_ Per Year

Are you available to work Full-Time  Part-Time  Temporary  1<sup>st</sup> Shift  2<sup>nd</sup> Shift  3<sup>rd</sup> Shift   
 (Check all that apply)

Are you willing to work weekends? Yes  No  Are you willing to work overtime? Yes  No

Do you have any restrictions which would prohibit you from working any of the "Shifts" indicated above? Yes  No   
 If "Yes", please explain: \_\_\_\_\_

Have you ever been discharged from a job or requested to resign? Yes  No  If "Yes", please explain: \_\_\_\_\_

Please list the names of any friends or relatives who are currently employed by the Company?  
 \_\_\_\_\_

How did you come to apply for this position (direct inquiry, newspaper ad, friend, relative, present employee, etc.)?  
 \_\_\_\_\_

EDUCATION (Circle The Highest Grade Completed)		High School				College				Graduate								
		9	10	11	12	1	2	3	4	1	2	3	4					
School	Name & Location of school	Course of Study								Did you Graduate?				Degree or Diploma				
High										Yes	<input type="checkbox"/>							
										No	<input type="checkbox"/>							
College										Yes	<input type="checkbox"/>							
										No	<input type="checkbox"/>							
Graduate School										Yes	<input type="checkbox"/>							
										No	<input type="checkbox"/>							
Other										Yes	<input type="checkbox"/>							
										No	<input type="checkbox"/>							

Are you planning to further your education? Yes  No  If "Yes" When and Where?  
 \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

For the last five (5) years, you must account FULLY for your time EMPLOYED or if you were SELF-EMPLOYED, please give company name. Start with your present or last job, and include military and volunteer work.

May we contact your PRESENT employer? Yes  No

Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
	Starting		Final
Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			
Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
	Starting		Final
Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			
Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
	Starting		Final
Job Title	Telephone		
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Reason for Leaving			
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Address (street, city, state & zip)	Hourly Rate or Annual Salary		
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Job Title	Telephone		
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Reason for Leaving			
Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
	Starting		Final
Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			

(If additional space is needed, use "Employment Continuation Form" located in the Employment Application Package)

## REFERENCES

Please provide three references that can verify your employment. **DO NOT** list relatives.

Name	Title/Business	Address	Phone #	# Years Acquainted

### TECHNICAL SKILLS & KNOWLEDGE

Skills Inventory	Yes	No	Level of Skill	Years of Experience
Typing	<input type="checkbox"/>	<input type="checkbox"/>	Speed	
Keystrokes	<input type="checkbox"/>	<input type="checkbox"/>	Speed	
10 Key Calculator	<input type="checkbox"/>	<input type="checkbox"/>	Speed	
Spreadsheet Software	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	
Word Processing Software	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	
Desktop Publishing Software	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	
Computer Operations	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	
Telephone (ACD) Systems	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	
Other Machines	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	

Summarize any special skills which you may have.

List professional, trade, business, or civic activities AND offices, certifications, or licenses held which may relate to the position you are applying for.

Is there anything else the Company should know in consideration of your application for employment which was not discussed so far?    Yes     No

If "Yes", please explain

# EMPLOYMENT CONTINUATION FORM

Name \_\_\_\_\_

Date \_\_\_\_\_

Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
	Starting		Final
Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			
Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
	Starting		Final
Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			
Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
	Starting		Final
Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			
Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
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Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			
Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
	Starting		Final
Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			

**PLEASE READ CAREFULLY BEFORE SIGNING!**

If you have any questions regarding this statement, please ask an employment interviewer BEFORE signing.

I certify the facts set forth in my application for employment are true and complete. Further, I understand that, if employed, any misrepresentation on the application shall be considered sufficient cause for immediate dismissal. I authorize the Company to verify all statements contained in this application and make any necessary reference checks.

I understand that in connection with the application process, the Company may request information from my past employers, educational institutions, personal references and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my credit history, any criminal records, and drug testing. Prior to signing this form, I read and signed the Company's "Consent Forms", enclosed in the Employment Application Package, which I fully understand. **I have provided complete and truthful information to the Company regarding all sources of information about my past employment, education, licensure, certification, criminal conviction and nolo contendere record, as well as any other information requested in the employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for rejecting my application, withdrawing any offer of employment, or immediate discharge.**

I hereby release and hold harmless, the Company, its directors, its officers, employees, agents, and contractors, and any other person, or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this application and employment process.

Notwithstanding any other statements to the contrary, whether written or verbal, I understand and agree that, if hired, my employment is for no definite period of time and, regardless of the date or frequency of payment of my wages or salary, may be terminated at any time, with or without prior notice, with or without cause, at the option of the Company or me. I understand that this may not be modified or in any way changed or eliminated without written consent signed by both the Company and me.

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Signature of Applicant

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Date