

This Page For Institution and Interviewers' Use Only



APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

NA ___ BG ___
 DS ___ SO ___
 TB ___

Interviewers Comment

Interviewer	Date	Comments

Confidential

Personal Information

Date of Application: _____ Date Available: _____

Last Name _____ First _____ Middle _____

Street _____ City _____ KY _____ Zip Code _____ Phone Number _____
 (Present Address)

Street _____ City _____ KY _____ Zip Code _____ Phone Number _____
 (Permanent Address if different than Present Address)

If you cannot be reached at above phone number, where may we contact you?

Name of Person _____ Phone # _____

Employment Desired

Type of Work Desired	Shift	Salary	Will you accept Employment of:
First Choice			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Second Choice			Are you 18 Yrs of Age or Older? Yes ___ No ___
Third Choice			Are you Employed Now? Yes ___ No ___
			May we contact your Present Employer? Yes ___ No ___
			How Did You Learn of This Opening? _____

Reference and Prior Employment Check

Individual Contacted	Name of Firm	Results of Check

Education

Circle Highest Grade Completed 9 10 11 12 13 14 15 16 Scholastic Honors Received _____

	Name of School	Location (City/State)	Courses Taken	Completed	Type of Degree or Certificate Rec'vd
High School				No ___ Yes ___	
College				No ___ Yes ___ Date: _____	
Vocational or Business				No ___ Yes ___ Date: _____	
Professional Education				No ___ Yes ___ Date: _____	
Laboratory or X-Ray Training				No ___ Yes ___ Date: _____	

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Position & Duties/ Reason for Leaving
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	

**CRIMINAL HISTORY AND SEXUAL OFFENDER SCREENING
 CONSENT FORM BACKGROUND CHECK**

NAME _____ DATE _____

MAIDEN NAME/OTHER NAMES USED _____

CURRENT ADDRESS _____

DATE OF BIRTH _____ SEX _____

Name _____	From	
Address _____		
City/State/Zip _____	To	
Supervisor _____ Phone _____		
Name _____	From	
Address _____		
City/State/Zip _____	To	
Supervisor _____ Phone _____		
Name _____	From	
Address _____		
City/State/Zip _____	To	
Supervisor _____ Phone _____		
Name _____	From	
Address _____		
City/State/Zip _____	To	
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Please list two personal references not related to you, whom you have know at least one year:

Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability all person, companies, or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date

SOCIAL SECURITY NUMBER _____

Additional Comments (optional)

Are you currently licensed or certified by a health care related occupation?

Yes _____ No _____

If so, what type? _____

Effective Date _____ Expiration Date _____

APPLICANT STATEMENT: As a prospective employee, I understand that the above information is required in order for the facility to request a sexual offender and criminal background check be conducted by the State Police.

If the facility representative determines that actions by a court of law against a prospective employee are such that they indicate the applicant is unsuited to work in a nursing home, the applicant will not be considered for employment.

I understand the importance of protecting the safety and well being of the residents of the facility. I understand that conviction of a crime may be deemed cause for rejection if there is an indication of behavior that might place others at risk.

A copy of the background check may be obtained within 60 days upon written request of the applicant.

SIGNATURE OF APPLICANT: _____ DATE: _____

CHECK DONE BY: _____ DATE: _____

CRIMINAL HISTORY AND SEXUAL OFFENDER SCREENING CONSENT FORM BACKGROUND CHECK

NAME _____ DATE _____

MAIDEN NAME/OTHER NAMES USED _____

CURRENT ADDRESS _____

DATE OF BIRTH _____ SEX _____

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