

# APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Positions Applied For:

1. \_\_\_\_\_

2. \_\_\_\_\_

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

## PERSONAL INFORMATION

Name (Last) (First) (Middle) Social Security No.

Present Address (Street) (City) (State) (Zip) Telephone Number

Are you 21 yrs. of age or older? Type of employment: Date available to work?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Full \_\_\_ Part Time \_\_\_ Temporary \_\_\_

What days are you available to work? Hours desired: Rate of pay expected:  
\$ per

Have you ever been convicted of violating any law (omit minor traffic violations)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list conviction(s), date(s), and place(s). Conviction is not an automatic rejection. Specifics will be reviewed under KRS 335B.020.

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Has your driver's license or CDL been revoked or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please indicate period of suspension and reason.

Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which branch: \_\_\_\_\_ Date entered: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Have you ever been employed by the Company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

List all relatives who currently work at the Company:

Have you worked or attended school under any other name(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name(s)? \_\_\_\_\_

## EDUCATIONAL INFORMATION

Type of School	Years Completed	School Name/City	Graduate? Y or N	Major/Course	Degree Received
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High

College

Graduate

Other

List any professional license, certifications, and/or registration that you possess:

Type of License	State(s) where registered	Expiration Date
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Did an individual refer you to this Company? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please list name of individual: \_\_\_\_\_

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Has your professional license, certification and/or registration ever been suspended or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why?

Have you ever been excluded from the Medicare and/or Medicaid Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why?

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Do you authorize this Company to inquire about your licensure, certification, and/or registration with the appropriate licensing agency or board?

Yes \_\_\_\_\_ No \_\_\_\_\_

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Do you possess any other skills, training, or qualifications, not yet mentioned, which you think would benefit this organization?

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### EMPLOYMENT INFORMATION

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Beginning with the most recent employer, list below all present and past employment.

Employer Name, Address, Telephone #, and Supervisor's Name	Dates of Employ	Job Title, Duties and Responsibilities	Ending Salary	Reason for Leaving
	From:		\$	
	To:		Per	
	From:		\$	
	To:		Per	
	From:		\$	
	To:		Per	
	From:		\$	
	To:		Per	

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May we contact the employers you listed? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain:

**PLEASE LIST CHARACTER REFERENCES**

(Do not use former employers or relatives)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT CERTIFICATION AND AGREEMENT - READ CAREFULLY**

I agree that:

I consent to all medical examinations and tests required by laws, regulations governing this Company or required by Company policies.

I release from liability all representatives of this Company for any acts performed in good faith and without malice in connection with evaluating my application, competence, credentials, character, and qualifications and I release from liability any and all individuals and organizations who provide information to this Company in good faith and without malice, concurring my professional competence, credentials, character and other qualifications and I consent to the release of such information.

I understand that:

This Company adheres to the "Employment at Will" doctrine that has been recognized by Kentucky and Tennessee courts. Under this doctrine, I am free, or the company is free, to terminate my employment relationship at any time and for any reason.

I understand that any personal property carried by me to and from this Company, including my handbag, briefcase or packages may be inspected by the Company. I understand that any storage areas provided to me on the Company's property may be inspected by the Company. I also understand, upon termination of my employment, to return any Company property issued to me or I will allow the value of same to be deducted from my wages.

I understand that the needs of the Company may create overtime, shift work, a rotating work schedule, or a work schedule other than a standard schedule a mandatory condition of my employment.

If employed, I understand that my employment is not guaranteed for a definite period of time. If my employment is terminated in the future, I understand that the Company is liable for my wages earned as of the date of my termination.

All statements made by applicants on this application form will be checked for accuracy. This Company offers equal employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, or the presence of a non-job related medical condition or handicapping disability.

I certify that the information provided by me on this application is true to the best of my knowledge. Any false statements may result in termination of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date