

APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

PERSONAL INFORMATION

Date _____

Name _____ Social Security No. _____
Last First Middle Initial

Present address _____ Telephone No. _____
Street

City _____ State _____ Zip _____

Permanent Address (if different from Present Address) _____ Telephone No. _____
Street

City _____ State _____ Zip _____

Position(s) applied for _____ Rate of pay expected \$ _____

Would you work Full-Time Yes No Part-Time Yes No Specify days and hours if part time _____

List Volunteer or Community Service Positions (work) which you feel are related to the position for which you are applying: _____

Briefly state any special skills or qualifications you have which you feel are related to the position for which you are applying.

Were you previously employed by us? Yes No If yes, when? _____

List any friends or relatives working for us _____
Name Relationship

_____ Name Relationship

Have you ever been convicted of a crime? Yes No (Note: Conviction of a criminal offense will not necessarily preclude your employment.)

If yes, describe in full: _____

If your application is considered favorably, on what date will you be available for work? _____ 20 _____

Person to be notified in case of accident or emergency

_____ Name Relationship

_____ Address Telephone Number

_____ City State Zip

EMPLOYMENT RECORD

(List All Present and Past Positions, Beginning with Most Recent)

	Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Ending Salary	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
1.									
2.									
3.									
4.									
5.									
6.									

Have you ever been bonded? Yes No If yes, on what jobs? _____

May we contact the employers listed above? Yes No If not, indicate by number which one(s) you do not wish us to contact _____

This institution does not discriminate in hiring or in 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 or responsibility all persons, 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 physician 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 identification and eligibility for employment.

Signature of Applicant

Date

RECORD OF EDUCATION

School	Name and Address of School	Course of Study or Major Field	Circle Last Year Completed				Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Diploma or Degree
			9	10	11	12		
High School								
College								
Other (Specify)								

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From / / To / / Rank at Discharge _____
Month Day Year Month Day Year

List duties in the service including special training _____

PERSONAL REFERENCES (Do Not Include Relatives or Former Employers)

Name and Occupation	Address	Phone Number

EASTERN STAR HOME

923 EASTERN STAR CT, LOUISVILLE, KY 40204

PHONE 502-451-3535 OR FAX 502-458-8565

APPLICANT REFERENCE CHECK

NAME OF APPLICANT: _____ D.O.B. _____

PREVIOUS EMPLOYER: _____

EMPLOYMENT DATES: FROM _____ TO _____

POSITION APPLIED FOR: _____

PREVIOUS EMPLOYER

PLEASE COMPLETE THE FOLLOWING WHERE APPLICABLE:

ACTUAL EMPLOYMENT DATE: FROM _____ TO _____

ELIGIBLE FOR RE-HIRE: YES NO

OVERALL JOB PERFORMANCE: POOR GOOD EXCELLENT

ABILITY TO WORK WITHOUT CLOSE SUPERVISOR: YES NO

DEPENDABILITY: YES NO

IS THERE ANY ADDITIONAL INFORMATION YOU CAN GIVE REGARDING THIS APPLICANT?

MANAGER COMPLETING FORM: _____

TITLE: _____

DATE: _____

When completed please fax this form back to the number noted above.



REQUEST FOR CONVICTION RECORDS/LONG-TERM CARE FACILITY

Pursuant to KRS 216.789 and/or KRS 216.793, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Agency Name and Address

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment in a position at a long-term care facility as defined by KRS 216.535(1), or a nursing pool providing staff to a nursing facility, or assisted-living community, involving direct services to a resident or client. I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
 First Middle Last Maiden

ADDRESS: _____
 Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature Date Witness Date

INSTRUCTIONS:

Requesting agencies should ensure that all application information is completed.

Requesting agencies should forward a check or money order made payable to the Kentucky State Treasurer in the amount of \$20.00 for each submitted form. Requests should be accompanied by two, self-addressed stamped envelopes – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal Records Dissemination Section
1266 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>