Application for Employment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | |  | | | | | | | | | | | |  | | | | | | |  | | | Date: | | | |  | | |
| Last , First M.I. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Maiden/Other Name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | City | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | | | | | | | | | | | | | | | | | ZIP Code | | | | | |
| Phone: | ( ) | | | | | | | | | | | | | | | | | | | | | | | E-mail Address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Date Available: | | | | | | | |  | | | | | | | | Social Security No.: | | | | | | | |  | | | | | | | | | | | | | | | | Desired Salary: | | | | | | | | | | $ | | | | | | | |
| Position Applied for: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | NO | |
| Have you ever worked for this company? | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | If so, when? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | Have you ever been accused of abuse or neglect and the allegations be validated? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | NO | |
| If yes, explain: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you lived or worked outside the state of Kentucky in the last 12 months? \_\_\_\_\_\_\_\_\_\_\_  Have you been charged or convicted of a DUI in the last 12 months? \_\_\_\_\_\_\_\_\_\_\_    This job ***may*** require lifting up to 50lbs. Is there any reason or impediment that would prohibit you from doing this job?  Yes No  If so, please provide a brief description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: | | | | | | |  | | | | | | | | | | | | | | | Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | To: | | | |  | | | | | Did you graduate? | | | | | | | | | | | YES | | | NO | | | | | | Degree: | | | | | | | |  | | | | | | | | | | |
| College: | | | |  | | | | | | | | | | | | | | | | | | Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | To: | | | |  | | | | | Did you graduate? | | | | | | | | | | | YES | | | NO | | | | | | Degree: | | | | | | | |  | | | | | | | | | | |
| Other: |  | | | | | | | | | | | | | | | | | | | | | Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | To: | | | |  | | | | | Did you graduate? | | | | | | | | | | | YES | | | NO | | | | | | Degree: | | | | | | | |  | | | | | | | | | | |
| License or Certificates? (list and attach) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list two professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | ( ) | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | ( ) | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | ( ) | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | | | |  | | | | | | | | | | | |
| Job Title: | | | |  | | | | | | | | | | | | | | | | | Starting Salary: | | | | | | | | $ | | | | | | | | | | | | | | | | Ending Salary: | | | | | | | | | $ | | |
| Responsibilities: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | | | To: | |  | | | | | Reason for Leaving: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | |  | | | | | | | | | | | | | | | | | |
| Company: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | ( ) | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | | | |  | | | | | | | | | | | |
| Job Title: | | | |  | | | | | | | | | | | | | | | | | Starting Salary: | | | | | | | | $ | | | | | | | | | | | | | | | | Ending Salary: | | | | | | | | | $ | | |
| Responsibilities: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | | | To: | |  | | | | | Reason for Leaving: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | |  | | | | | | | | | | | | | | | | | |
| Company: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | ( ) | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | | | | |  | | | | | | | | | | | |
| Job Title: | | | |  | | | | | | | | | | | | | | | | | Starting Salary: | | | | | | | | $ | | | | | | | | | | | | | | | | Ending Salary: | | | | | | | | | $ | | |
| Responsibilities: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | | | To: | |  | | | | | Reason for Leaving: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | NO | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | From: | | | | | | | |  | | | | | | To: | | |  | | | | |
| Rank at Discharge: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Type of Discharge: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| If other than honorable, explain: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  *I consent to have A Brighter Choice run my AOC and other background checks now, annually per company policy, and as needed.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |  | | | | | | | | |