



Employee Job Application * Date received _____

Full Name _____

Address _____

City _____ State _____ Zip _____

Have you lived outside of Kentucky? ____ No ____ Yes, If so- When did you move to Kentucky? _____

Phone _____

Date available _____

Position applying for: _____ Email _____

Are you a US Citizen? _____ Desired Salary _____

_____ If no, are you authorized to work in the US? _____

Have you ever worked for this company? _____ If yes, when? _____

Have you ever worked for another DDID Agency? _____ If yes, what company and when? _____

Have you ever been convicted of a felony? _____

If yes, explain _____

High School attended _____ **Dates of attendance** _____

Did you graduate? _____ When did you receive your diploma/GED? _____

College attended _____ **Dates of attendance** _____

Did you graduate? _____ When did you receive your diploma? _____

What is your Major? _____

Special Certifications? _____

Name of Professional Reference #1: _____

Relationship of Reference _____ Company _____

Phone number _____ Address _____

Name of Professional Reference #2: _____

Relationship of Reference _____ Company _____

Phone number _____ Address _____

Name of Professional Reference #3: _____

Relationship of Reference _____ Company _____

Phone number _____ Address _____

Previous Employer _____ Phone Number _____

Address _____ Supervisors Name _____

Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

Dates of Employment _____ Reason for leaving _____

May we contact your previous employer for a reference? _____

Have you ever been terminated from a position? If yes, explain _____

Where you in the US Military? _____ If yes, what branch? _____

Dates of service _____ Rank at discharge? _____

Type of discharge _____ If other than honorable, please explain _____

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give IMPACT Behavioral Health Services permission to contact schools, previous employers, (unless otherwise indicated) references, and others, and hereby release IMPACT Behavioral Health Services from any liability as a result of such contract. My signature/electronic signature is below:

Name of applicant

Date