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?

Do you or have you ever held a nursing license? ____No _____ Yes, If so, Where _____

Phone_____Email_____

Date available_____ Desired Salary_____

Position applying for:_____

Are you a US Citizen?_____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 received 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