

MYCARE FAMILY COMMUNITY SUPPORTS

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

E-mail address: _____

Type of employment desired: _____ full-time _____ part-time _____ PRN

Date you will be available to start work: _____

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Have you previously applied for a position in our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment):

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Have you been employed outside the state of Kentucky in the last year? _____ Yes _____ No

If so, what state? _____

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer: _____	Position held: _____
Address: _____	Telephone #: _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	Salary: _____
Job summary: _____	
Reason for leaving: _____	
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Employer: _____	Position held: _____
Address: _____	Telephone #: _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	Salary: _____
Job summary: _____	
Reason for leaving: _____	
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Employer: _____	Position held: _____
Address: _____	Telephone #: _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	Salary: _____
Job summary: _____	
Reason for leaving: _____	

Personal References

List 3 references names, telephone numbers, and years known (do not include relatives):

Professional References

List 3 references names, telephone numbers, and years known:

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. Furthermore, any offer of employment is subject to successfully passing a drug screen given by a provider of Providence of Louisville's choosing.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____