



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

LEGAL NAME: _____ **DOB:** _____
First Middle Last

PREFERRED NAME: _____ **MAIDEN:** _____
First Middle Last

PRONOUNS: ☐ SHE/HER ☐ HE/HIM ☐ THEY/THEIR ☐ OTHER: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

HAVE YOU WORKED OR LIVED OUTSIDE OF KENTUCKY IN THE LAST YEAR? ☐ YES ☐ NO

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____ **DL #:** _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES ☐ NO

IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

IF REQUIRED TO TRANSPORT, CAN YOU PROVIDE PROOF OF AT LEAST LIABILITY INSURANCE? ☐ YES ☐ NO

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____ **GRADUATE?** ☐ YES ☐ NO

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____ **GRADUATE?** ☐ YES ☐ NO

DEGREE: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____ **DEGREE/CERTIFICATION:** _____

WORK EXPERIENCE

DO YOU HAVE PREVIOUS EXPERIENCE PROVIDING SERVICES TO INDIVIDUALS WITH DISABILITIES? ☐ YES ☐ NO

IF YES PLEASE EXPLAIN: _____

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO

CURRENT EMPLOYER: _____
Company / Individual Supervisor Name Telephone Number

Street Address Apt/Suite City, State, Zip Code

Start Date Schedule (Days & Hours Working)

PLEASE LIST LAST FIVE YEARS OF EMPLOYMENT HISTORY

EMPLOYER 1: _____
Company / Individual Supervisors Name Telephone Number

Street Address Apt/Suite City, State, Zip Code

Job Title Job Duties

Start Date End Date Reason For Leaving

EMPLOYER 2: _____
Company / Individual

Street Address Apt/Suite City, State, Zip Code

Job Title Job Duties

Start Date End Date Reason For Leaving

EMPLOYER 3: _____
Company / Individual

Street Address Apt/Suite City, State, Zip Code

Job Title Job Duties

Start Date End Date Reason For Leaving

REFERENCES

FULL NAME: _____ RELATIONSHIP: _____
First Last

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____ TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

VOLUNTARY SELF-IDENTIFICATION DISABILITY DISCLOSURE

DO YOU HAVE A DISABILITY ☐ YES ☐ NO ☐ I DO NOT WISH TO ANSWER

BACKGROUND CHECK CONSENT

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO

ARE YOU WILLING TO CONSENT TO A DRUG TEST? ☐ YES ☐ NO

DISCLAIMER

As an equal opportunity employer Amazing Opportunities Kentucky stays true to our mission to help everyone live a life THEY want to live, including our employees. ALL applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected Veteran status, age, or any other characteristic protected by applicable law.

Please complete each section EVEN IF you decide to attach a resume.

_____ I, the applicant understand that I shall not be approved to work for this agency if results from my background check reveal that I have pled guilty to or been convicted of committing an offense as outlined in (SCL) 907 KAR 12:010, Section 3 (3), or (MPW) 907 KAR 1:835, Section 7. I understand that I shall not be approved to work for this agency if I am registered on the Kentucky Nurse Aide Abuse registry, or if I have been substantiated for abuse through the Central Registry Check. I understand that I shall not be approved to work with this agency if I am registered on the Adult Caregiver Misconduct Registry.

_____ I, the applicant understand that I shall not be approved to work for this agency if results from my drug screening reveal a positive drug test as outlined in 907 KAR 12:010

_____ I, the applicant understand that any offer of employment shall be subject to reference checks and drug/alcohol testing.

By signing below, I, the Applicant, certify that my answers are true and honest to the best of my knowledge. I give my consent for this agency to complete the necessary background checks listed above. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

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The following background checks have been sufficiently reviewed:

- | | |
|---|----------------------|
| <input type="checkbox"/> AOC | Date Reviewed: _____ |
| <input type="checkbox"/> Kentucky Nurse Aide Abuse Registry | Date Reviewed: _____ |
| <input type="checkbox"/> Adult Caregiver Misconduct Registry | Date Reviewed: _____ |
| <input type="checkbox"/> Central Registry Check | Date Reviewed: _____ |

Alcohol/Drug Testing Results

Date Taken: _____

- ☐ **Positive**
- ☐ **Negative**

**Amazing Opportunities Kentucky
Admin Signature**

Date