



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 #:** _____

SHIRT SIZE: _____

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

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT ONE: _____
NAME PHONE

EMERGENCY CONTACT TWO: _____
NAME PHONE

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 _____