

1100 East Market Street
Louisville, KY 40206



Phone: (502) 596-1000
Fax: (502) 596-1471

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY
PERSONAL INFORMATION

DATE: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Present Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: _____ Social Security Number: _____

Email Address: _____

Are you over 18 years of age? Yes _____ No _____

Regarding references, are you known by another name? Yes _____ No _____ Name: _____

Are you in this country on a Visa? _____ If so, what type of Visa? _____
(This information is required by law)

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

Shift Desired: _____ Will you work other than shift indicated? Yes _____ No _____

Do you realize you may have to work weekends, holidays, or rotation shifts? Yes _____ No _____

Would you like to work: Full-Time _____ Part-Time _____ Relief _____

Are you currently employed? _____ *If so, may we check references with your present employer?* _____

Were you previously employed by us? Yes _____ No _____ If yes, when? _____

EDUCATION

Circle Highest Grade Completed: High School 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4 Other Training 1 2 3 4 GED: _____

	School Name	Address	Graduate Yes / No	Major or Course	Degree
HIGH					
COLLEGE					
OTHER					

This organization is an equal opportunity employer and does not discriminate because of race, sex, creed, color, or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.
This application will be held active for 12 months.

Revised 9/09

Professional license, certification, registration number, or registry eligible:	State	Expiration Date	Year Original License Issued
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Are there any other experiences, skills, or qualifications, which you feel would be relevant to the position for which you have applied?

Have you ever been employed in another state? ____yes ____no If so, which one(s)? _____

FORMER/CURRENT EMPLOYERS (Failure to fill out completely may disqualify you from consideration)

List below your last four employers, starting with the most recent one first, including U.S. Military, if applicable:

I.

Name of Previous/Current Employer	From Month/Year	To Month/Year	Describe in Detail The Work You Did
Street			
City	State	Zip Code	
Your Job Title	Telephone Number ()		Reason for Leaving
Name and Title of your Supervisor	Salary \$ per		

II.

Name of Previous Employer	From Month/Year	To Month/Year	Describe in Detail The Work You Did
Street			
City	State	Zip Code	
Your Job Title	Telephone Number ()		Reason for Leaving
Name and Title of your Supervisor	Salary \$ per		

III.

Name of Previous Employer	From Month/Year	To Month/Year	Describe in Detail The Work You Did
Street			
City	State	Zip Code	
Your Job Title	Telephone Number ()		Reason for Leaving
Name and Title of your Supervisor	Salary \$ per		

FORMER/CURRENT EMPLOYERS (CONTINUED)

IV.

Name of Previous Employer	From Month/Year	To Month/Year	Describe in Detail The Work You Did
Street			
City	State	Zip Code	
Your Job Title	Telephone Number ()		Reason for Leaving
Name and Title of your Supervisor	Salary \$ per		

REFERENCES

Give below the names of three persons, not related to you, whom we could contact for a professional reference. Previous employers and/or supervisors preferred.

Name	Address (Include City, State, and Zip)	Phone Number	Relationship
1.			
2.			
3.			

SPECIAL QUESTIONS

How did you learn about job openings at the Home of the Innocents? (i.e. radio, newspaper, current employee, etc.)

Were you referred to the Home by a current employee? Yes _____ No _____ If yes: _____
(Name)

Do you have friends or relatives employed by us? Yes _____ No _____ If yes: _____
(Name) (Relationship)

If it were a requirement of the position you are hired for, would you be willing to drive a multi-passenger vehicle to transport residents to activities, etc? Yes _____ No _____

HOME OF THE INNOCENTS DOES PROCESS A CRIMINAL RECORDS CHECK ON ALL CANDIDATES.

Have you ever been charged with a misdemeanor, felony, or any criminal offense, including offenses related to healthcare involving neglect, violence, theft, dishonesty, and financial misconduct? Yes _____ No _____

Have you ever been found guilty (convicted) of a misdemeanor, felony, or any criminal offense? Yes _____ No _____

Have you ever been listed on any abuse registries? Yes _____ No _____

If you answered yes to any of the above 3 questions, please explain: _____

(A conviction does not automatically mean you cannot be hired. The convicted offense and how long ago are important. Give all the facts so a decision can be made.)

APPLICANT CERTIFICATION – PLEASE READ CAREFULLY

I understand and agree to the following:

I certify that the information made on this application is true to the best of my knowledge, and I understand that any false statements or willful omission of facts are cause for refusal of employment or, if employed, immediate dismissal. ***I also grant permission for authorities of this facility to investigate my references and conduct a criminal background check, including internet searches, in any states the facility deems appropriate.*** For this type of employment, state law requires a criminal record check as a condition of employment. I will hold no person or company liable for giving or receiving information in this investigation.

I understand that the Home of the Innocents is a drug free workplace and I agree to submit to post-offer and random drug screening. I consent to any and all medical examinations and tests required by this facility as a condition of initial and continued employment, and I understand that if I am employed, my status will be probationary for ten (10) weeks from the date of employment. Upon my termination, I will authorize reference information on my work.

If employed, I may terminate my employment without notice or cause and the facility may terminate or modify the relationship at any time without notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of this facility and I understand that no department director or representative of the facility, other than the President and CEO, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to this agreement.

The needs of the facility may make the following conditions mandatory:

Overtime, shift work, a rotating work schedule or a work schedule other than a standard schedule, including holidays. I accept these as conditions of employment.

If employed, I understand that my employment is for no definite period of time and, if terminated, this facility is only liable for wages earned as of the date of termination.

I further agree that any personal property carried by me from the facility premises, including my handbag, briefcase, or other hand luggage or packages may be inspected by the facility. I agree that any storage areas provided to me on facility property may be inspected by the facility. I also agree, upon termination of employment, to return any facility property issued to me or allow the value of same to be deducted from my wages.

I HAVE READ AND AGREE TO THE ABOVE.

Signature of Applicant

Date

**ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$25.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$25.00 fee (**check or money order**).

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature

Date

Company

E-mail address

Requestor/Contact Person

Telephone Number

Address

Please denote which purpose applies to this request:

☐ Employment

☐ Criminal Investigation

☐ Screening Housing Applicants

☐ Volunteer/Care over Juvenile

☐ Licensing

☐ Other (please explain) _____

City, State, Zip

Authorization to Obtain Employment Background Report

I have read the Disclosure Regarding Employment Background Report provided by Home of the Innocents ("COMPANY") and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING TALENT SOLUTIONS"), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, www.sterlingtalentsolutions.com, of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to Sterling Infosystems, Inc. and/or the COMPANY itself, and authorize Sterling Infosystems, Inc. to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Signature:

Today's Date:

CORRECT INCORRECT

[illegible][illegible][illegible][illegible][illegible][illegible]

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[illegible][illegible][illegible][illegible][illegible][illegible]

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Today's Date (MMDDYYYY)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ☒ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
☒ Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency)
☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member
(Required by KRS 160.380)
☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
☐ Michelle P. Waiver (Required by 907 KAR 1:835)
☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
☐ Children's Advocacy Center (Required by 922 KAR 1:580)
☐ Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
☐ Personal Care Attendant (Required by 910 KAR 1:090)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: ____ **Race:** _____ **Date of Birth:** _____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire: _____

Present Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will **NOT** be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: Home of the Innocents

ADDRESS: 1100 E. Market St. **CITY:** Louisville

STATE: Kentucky **ZIP:** 40206 **PHONE:** 502-596-1000

E-MAIL ADDRESS: HumanResourcesdepartment@homeoftheinnocents.org

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

☐ No reportable incident found in accordance with 922 KAR 1:470

☐ Substantiated child abuse found on the registry Date of substantiated finding: _____

☐ Substantiated child neglect found on the registry Date of substantiated finding: _____

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No

☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ BY _____