

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		



Pre - Employment Inquiry Release

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences and workers compensation records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

Applicant's Name: _____

Sample Entry:

1	2	3	A	B	C
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Date of Birth* (mm-dd-yyyy):

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 Social Security #:

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Alias/Maiden Name(s): _____

Current Address: _____

City: _____ State:

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 Zip Code:

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Driver's License #: _____ State:

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Prospective Employer: _____

Applicant's Signature: _____ Date: _____

*Date of Birth is being requested in order to obtain accurate retrieval of records.

California, Minnesota & Oklahoma Applicants Only:

Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.

Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
records@kycourts.net
KRS 17.160



YOUTH LEADER REQUEST

MAIL REQUESTS TO:
**ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381**

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

Individuals serving as Youth Leaders

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 that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

*** ALL INFORMATION BELOW IS REQUIRED.**

HUMAN RESOURCE DEPARTMENT	
Requestor/Contact Person	Date
HOME OF THE INNOCENTS	(502) 596-1029
Agency	Phone Number
1100 EAST MARKET STREET	tdickerson@homeoftheinnocents.org
Address	E-mail Address
LOUISVILLE, KY 40206	
City, State, Zip	

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

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT. KENTUCKY ADMINISTRATIVE REGULATIONS MAY BE FOUND ON THE INTERNET AT <http://www.lrc.ky.gov/kar/titles.htm>. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

Day Care Related Categories

- Day Care Center Employee or Volunteer (Required by 922 KAR 2:090)
- Applicant for Day Care Center Licensure (Required by 922 KAR 2:090)
- Registered Child Care Provider Applicant (Required by 922 KAR 2:180)

Other Categories

- Foster/Adoption/Independent Living Agency Employee (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency/Wilderness)
- IMPACT-PLUS Subcontractor (Required by 907 KAR 3:030)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

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) (last)

Sex: _____ **Race:** _____ **Date of Birth:** _____ **Social Security #:** _____

Date of Initial Hire: _____

Present Address: _____
City State Zip Code

Present Address: _____
City State Zip Code

Present Address: _____
City State Zip Code

Present Address: _____
City State Zip Code

Present Address: _____
City State Zip Code



CENTRAL REGISTRY CHECK

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

A check or money order made payable to the "Kentucky State Treasurer" 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. Mail check or money order to:

**The Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., 3E-G
Frankfort, Kentucky 40621**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and provide the results of the check 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

Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet to disclose additional information regarding a substantiated 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.

NAME OF EMPLOYER/AGENCY: Home of the Innocents Attn:Tracy Dickerson/HR Dept.
ADDRESS: 1100 East Market Street **CITY:** Louisville
STATE: KY **ZIP:** 40206 **PHONE:** 502-596-1029

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: _____

CHECK CONDUCTED ON _____ **BY** _____