



# Finck Supported Living Services of Kentucky

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

May we contact you at your business phone number? Yes: \_\_\_\_ No: \_\_\_\_

Have you ever applied for employment with us?

Yes: \_\_\_\_ No: \_\_\_\_ If yes, when? : \_\_\_\_\_

## Position Desired

Title: \_\_\_\_\_

## Work Eligibility

Did you graduate from High School? Yes: \_\_\_\_ No: \_\_\_\_ Do you have a GED? Yes: \_\_\_\_ No: \_\_\_\_

Are you eligible to work in the United States? Yes: \_\_\_\_ No: \_\_\_\_

Are you available to work holidays? Yes: \_\_\_\_ No: \_\_\_\_

When will you be available to begin work? \_\_\_\_/\_\_\_\_ (Month/Year)

Are you 18 or older? Yes: \_\_\_\_ No: \_\_\_\_

Have you been convicted of abuse, child abuse, elder abuse, domestic violence or any other crime involving physical and/or emotional violence? Yes \_\_\_\_ No: \_\_\_\_

If yes, please explain:

Have you been convicted of or pleaded no contest to a felony? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please explain:

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes ? \* Yes: \_\_\_\_ No: \_\_\_\_

If yes, please explain:

Do you have other special training or skills (certifications, additional spoken or written languages, computer software knowledge, etc.)?

How did you hear of our organization?

\*Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.

**Availability**

Days Available

Sun.  Mon.  Tues.  Wed.  Th.  Fri.  Sat.

Total Hours Available: \_\_\_\_\_ Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Did you graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Diploma: Yes: \_\_\_\_\_ No: \_\_\_\_\_ GED: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
**\*\*You must bring proof of High School Diploma or GED to your interview\*\***  
College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Course of Study: \_\_\_\_\_ # of Years Completed: \_\_\_\_\_  
Did You Graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Degree: \_\_\_\_\_  
Post Graduate degrees and Universities attended: \_\_\_\_\_

**Employment History**

Have you been employed outside of the state of Kentucky in the previous 12 months? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If applicable, list any state in which you were employed: \_\_\_\_\_

**Please give accurate and complete full-time employment record. Start with present or most recent employer. Include military experience if applicable.**

**Position #1**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Describe your work:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Position #2**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Describe your work:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Position #3**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Describe your work:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Conditions of Employment**

Finck Supported Living Services of Kentucky sets high standards for its employees, and compliance with these standards is a condition of employment. If you are offered a position you need to carefully consider what we would require of you before you accept. The following is a partial list of requirements for all positions. Specific positions will have job descriptions particular to that job.

- Following the laws of the State of Kentucky regarding treatment of individuals served
- Following the rules of the Kentucky Division of Developmental and Intellectual Disabilities
- Following our standards of professionalism
- Arriving on time
- Maintaining a positive, enthusiastic attitude
- Treating individuals and co-workers with respect
- Being honest and dedicated in your work
- Using proper phone etiquette
- Completing necessary training requirements
- Completing required paperwork thoroughly, quickly and professionally
- Following company policies and procedures
- Assisting individuals and individual families/guardians
- Following directions
- Be able to lift 50 lbs
- Meeting standards of work quality and quantity
- Maintaining a professional appearance
- Accepting a work schedule that may require holiday and weekend work
- Being called in to cover a shift

Are you willing and able to comply with all the requirements listed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain:

**Agreement of the Transfer of Information**

By signing below, I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment and possible criminal prosecution. I authorize you to verify any and all information provided above.

I acknowledge that employment may be conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy. I agree to all appropriate background screenings necessary for my employment.

I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason, and that FSLS retains the same rights. No FSLS representative has the authority to make any contrary agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_