



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Social Security #:		Date of Birth:		Driver's License #:	
Position Applied for:		Date Available:		Desired Salary:	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when	
Have you ever been convicted of a felony, sex crime, or violent crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you been convicted of a drug crime in the past 5 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you currently prescribed any medication that would be indicated on a pre-employment drug screening?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you lived or worked outside of Kentucky in the past year?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list states	
Do you have reliable transportation and/or childcare, if applicable?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain	

EDUCATION

High School		Location			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma or GED
College		Location			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Location			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Full Name		Relationship
Company		Phone ()
Full Name		Relationship
Company		Phone ()
Full Name		Relationship
Company		Phone ()

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I understand that FOR THIS TYPE OF EMPLOYMENT, STATE AND FEDERAL LAW REQUIRE A STATE AND NATIONAL BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. This includes a Criminal Background Check, for any states lived or worked in over the past year, Central Registry Check for charges of child abuse, Caregiver Misconduct Registry Check for charges of abuse or neglect of vulnerable adults, and Nurse Aide Check prior to employment. I also understand that that this agency does pre-employment and periodic drug screenings.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that all employees must complete state and agency mandated training prior to beginning orientation at a work site. <i>All prospective employees must complete orientation in order to be compensated for trainings.</i></p>	
Signature	Date
<i>DO NOT WRITE BELOW THIS LINE</i>	

Interview Notes:	
Interview Conducted By:	Date

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Child Care

CHILD CARE CENTRAL REGISTRY CHECK

STATE AND/OR FEDERAL LAW REQUIRES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR SERVICE AS A CHILD CARE/DAY CARE STAFF MEMBER FOR THE FOLLOWING:

- A Licensed Child-Care Center Employee, Volunteer, or Adult Household Member (922 KAR 2:090)
- A Certified Family Child-Care Home Employee, Volunteer, or Adult Household Member (922 KAR 2:100)
- A Registered Child Care Provider Applicant or Adult Household Member (922 KAR 2:180)
- Private Child Care Employee (KRS 199.466)
- Out of State Child Care Employee (42 U.S.C. 9858f, 45 C.F.R. 98.43)

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):
SCL Agency _____

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.

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.



CENTRAL REGISTRY CHECK

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/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 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.

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: Crossroads of Hope

ADDRESS: 12266 State Route 5 **CITY:** Ashland

STATE: Kentucky **ZIP:** 41102 **PHONE:** 606-928-0177

E-MAIL ADDRESS: crossroadsofhope@gmail.com

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** _____

**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