



5555 North Bend Road
Burlington, KY 41005
859-586-6700 FAX 859-586-4887

APPLICATION FOR EMPLOYMENT

BURLINGTON HEALTH CARE is an equal Opportunity Employer

Personal Information: Date: _____

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

Address: _____
(Number and Street) (City) (State) (Zip)

Social Security number: _____ Home Phone: (_____) _____

Are you over 18 years old? Yes No

Are you a U.S. citizen or otherwise authorized to work
in the U.S. on and unrestricted basis? Yes No

Have you ever worked for this business before? Yes No

Position Desired: (Drivers must submit a current DMV report with application.)

Title: _____

Desired Salary: _____

Shift Preferred: Part-time _____ Full-time _____

Days Available:

Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___

Total Hours Available: _____ Hours available: from _____ to _____

Are you willing to work overtime if required? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

If you are a minor under age 18, do you have a
certificate of age or employment? Yes No

Work Eligibility:

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)

Have you been convicted of or pleaded no contest to a felony within the last five years? * 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 within the last (5) years? Yes No

If yes, please explain: _____

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

How did you hear of our business? _____

*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.

Education:

High School: _____

City: _____ State: _____

Did you graduate? Yes No

College: _____

City: _____ State: _____

Course of Study: _____

of years completed: _____

Did you graduate? Yes No Degree: _____

Employment History:

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

▶ **Position #1**

Company: _____

City: _____ State: _____

Company phone number: _____

Job Title: _____

Name of Supervisor: _____

Employed (Month and Year) From: _____ to: _____

Weekly Pay: _____

Describe Your Work: _____

May we contact this employer? Yes No

If not, why? _____

Reason for leaving: _____

▶ **Position #2**

Company: _____

City: _____ State: _____

Company phone number: _____

Job Title: _____

Name of Supervisor: _____

Employed (Month and Year) From: _____ to: _____

Weekly Pay: _____

Describe Your Work: _____

May we contact this employer? Yes No

If not, why? _____

Reason for leaving: _____

► **Position #3**

Company: _____

City: _____ State: _____

Company phone number: _____

Job Title: _____

Name of Supervisor: _____

Employed (Month and Year) From: _____ to: _____

Weekly Pay: _____

Describe Your Work: _____

May we contact this employer? Yes No

If not, why? _____

Reason for leaving: _____

Agreement of the Transfer of Information:

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. I authorize you to verify any and all information provided above.

Signature: _____

Printed Name: _____

Date: _____