

ST. CHARLES CARE CENTER, INC.
 600 FARRELL DR
 COVINGTON, KY 41011
 An equal opportunity employer

EMPLOYMENT APPLICATION

St. Charles complies with applicable Federal civil laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex including sexual orientation or gender identity.

PERSONAL

Name _____
 (Last) (First) (Middle)

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

Telephone _____
 (Area Code)

Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? ___ Yes ___ No Please Explain _____

Have you been investigated by or been the subject of any adverse action by any duly authorized state or federal licensing agency such as the Kentucky Board of Nursing? ___ Yes ___ No Please Explain _____

Have you ever been convicted of a criminal offense related to the provision of health care or otherwise been found under applicable local, state or federal law to have committed an offense that would preclude employment in a health care industry? ___ Yes ___ No Please Explain _____

Are you currently or have you ever been excluded, suspended, debarred or otherwise ineligible to participate in federal health care programs such as Medicaid and/or Medicare? ___ Yes ___ No Please Explain _____

JOB INTEREST/SKILLS

Position(s) applied for _____ Salary Desired _____

Have you ever before applied for and/or been employed in a position here? ___ Yes ___ No If yes, when? _____

Type of employment requested ___ Full Time ___ Part Time ___ PRN ___ Weekends

Date you could begin working _____ Shift Desired _____

Summarize any other special skills or qualifications _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATION AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
CERTIFICATE OR LICENSE						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____

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

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

1. Name of Employer _____

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

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

1. Name of Employer _____

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

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

REFERENCES

Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made. I also understand that St. Charles is an at-will employer and, as such, both employer and employee may terminate employment at any time. FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT.

Applicant's Signature _____ **Date** _____