



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: \_\_\_\_\_