

Ken Care Services, Inc.

## APPLICATION FOR EMPLOYMENT

PRINT CLEARLY AND LEGIBLY

### SECTION 1 - Name/Address

Last:	First:	MI:	
Address:			
City:	State:	Zip:	Telephone:
Social Security #-		DOB:	

### SECTION 2- Desired Employment

Position:	Date you can start:
Are you currently employed?: <input type="checkbox"/> yes <input type="checkbox"/> no If employed, may we inquire of your current employer?: <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you applied to this agency before?: <input type="checkbox"/> yes <input type="checkbox"/> no If so, when:	

### SECTION 3 - Education

HIGH SCHOOL	Name & Location of School:		
	Years Attended:	Date Graduated:	Degree:
UNIVERSITY/ COLLEGE UNDERGRADUATE	Name & Location of School:		
	Years Attended:	Date Graduated:	Degree:
UNIVERSITY/ COLLEGE GRADUATE	Name & Location of School:		
	Years Attended:	Date Graduated:	Degree:
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	Name & Location of School:		
	Years Attended:	Date Graduated:	Course study:

### SECTION 4- Employment History

Employer:	Job Title:	
Address:	Duties:	
Phone:	Salary:	
Date From:	Date To:	Reason for Leaving:

Employer:	Job Title:	
Address:	Duties:	
Phone:	Salary:	
Date From:	Date To:	Reason for Leaving:

Employer:	Job Title:	
Address:	Duties:	
Phone:	Salary:	
Date From:	Date To:	Reason for Leaving:

**SECTION 5- Personal References**

Name:	Occupation:
Address:	Relationship:
Phone:	Years Known:

Name:	Occupation:
Address:	Relationship:
Phone:	Years Known:

Name:	Occupation:
Address:	Relationship:
Phone:	Years Known:

**SECTION 6- Physical Record**

Do you have any physical disabilities that would prevent you from performing the work for which you are applying?: <input type="checkbox"/> yes <input type="checkbox"/> no If so, please describe:
Have you ever been injured? <input type="checkbox"/> yes <input type="checkbox"/> no Provide Details:

**SECTION 7- Licenses/Certification**

TYPE	LICENSE / CERT. #	EXPIRATION DATE	STATE ISSUED

**SECTION 8- Additional Areas of Expertise**

Areas of specialized study, research or additional experience:
List the foreign languages you speak fluently: Read: Write:
U.S. Military Service: Separation Rank:
Present Membership in National Guard or Reserves: <input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 9- Emergency Contact Information**

Name:	Relation:
Address:	Telephone:
Name:	Relation:
Address:	Telephone:

I voluntarily give to the Agency the right to make a thorough investigation of my past employment. I agree to cooperate in such an investigation. I understand that my employment will be based in part on the accuracy of the information provided on this application.

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

<b>AGENCY AUTHORIZED REPRESENTATIVE INTERVIEWER</b>		
HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNATURE:	DATE: