



In Home, Non-Medical Care for Senior Adults

Senior Services, Inc.

Return Application To: 410 North Mulberry Street, Elizabethtown, KY. 42701

Phone: 270-765-3332

Fax: 270-765-0913

For this type of Employment State Law Requires a Criminal Background Check as Condition of Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, sex, religion, disability, medical condition, national origin or marital status.

Company policy requires submittal to drug testing to detect the use of illegal drugs "prior to and during" employment.

Application Information:

Name: _____ Date: _____

Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Cell Phone: _____

Last 4 of Social Security #: _____ Email: _____

Please list any other name (s) you have used (i.e., maiden and/or alias): _____

How did you hear about us? Job Fair Festival Sign Newspaper

Other: _____ Employee (Current/Past) Employee Name: _____

Position applying for: Companion C.N.A. Experienced Caregiver Office/Other

Emergency Contact:

Name: _____ Phone No. _____

Address: _____ Relationship: _____

Transportation: "TO BE EMPLOYED PROOF OF INSURANCE IS REQUIRED AND MUST BE VALID AT ALL TIMES"

You are required to travel to the client's home and at time you may need to transport a client:

Do you have dependable transportation: Yes No

Make _____ Model _____ License Plate No.: _____

Driver's License No. _____ Auto Insurance Policy No.: _____

Insurance Company Name: _____

Hours of Availability:

In order to better process your application, we need to determine your **exact availability**. Please consider all events such as school, childcare, religious activities, other employment duties, etc... before determining your hours of availability. **If you are the selected candidate, the availability noted below will determine your work schedule.** NOTE: In accordance with TTSS Company Policy, all employees / caregivers are required to work a six (6) hour shift one (1) Saturday or (1) Sunday per month. **NOTE: If you are not available for work during the hours specified below, it may result in less work hours and/or termination of employment.**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Notes

Are you available to work night shift (s)? Yes No

If yes, what nights? _____

Education:

High School: _____

City/State: _____

Highest Level Completed: _____

Course of Study: _____

College: _____

City/State: _____

Highest Level Completed: _____

Course of Study: _____

Other: _____

City/State: _____

Highest Level Completed: _____

Course of Study: _____

Degrees/Certificates: _____

Registered C.N.A.? Yes No If yes: Certification No.: _____ State Registry _____

If you were a C.N.A., when/why did your certification expire? _____

Special skills or courses for position applied for: _____

Experience:

Please provide any training/experience working with the elderly: _____

What do you like most about working with the elderly? _____

What do you like least about working with the elderly? _____

Employment History:

Provide work history for at least five (5) years; tell us about your work history. Use a separate sheet if additional space is needed. Please attach a resume if applicable. **List your most recent employer first.**

May we contact your current employer: Yes No

Company: _____ From: _____ To: _____

Job Title: _____ Reason Left: _____

Job Duties: _____

Supervisor: _____ Phone No.: _____

Company: _____ From: _____ To: _____

Job Title: _____ Reason Left: _____

Job Duties: _____

Supervisor: _____ Phone No.: _____

Company: _____ From: _____ To: _____

Job Title: _____ Reason Left: _____

Job Duties: _____

Supervisor: _____ Phone No.: _____

Company: _____ From: _____ To: _____

Job Title: _____ Reason Left: _____

Job Duties: _____

Supervisor: _____ Phone No.: _____

Company: _____ From: _____ To: _____

Job Title: _____ Reason Left: _____

Job Duties: _____

Supervisor: _____ Phone No.: _____

Legal History:
For this type of Employment State Regulations Require a Criminal Background Check as Condition of Employment. A Personal Services Agency SHALL NOT EMPLOY an individual to provide direct services to a client if the individual: a) Has been convicted of a crime defined by KRS216.710(3) - "CRIME" means a conviction of or a plea of guilty to a felony offense related to theft; abuse or sale of illegal drugs; abuse, neglect, or exploitation of an adult or child; or the commission of a sex crime. Conviction of or a plea of guilty to an offense committed outside the Commonwealth of Kentucky is a crime if the offense would have been a felony if committed in Kentucky, b) Appears on the nurse aide and home health aide abuse registry; c) Test positive for the presence of an illegal drug. COMPANY POLICY STATES: NO MISDEMEANOR DRUG OR THEFT RELATED CHARGES OF ANY TYPE ARE ALLOWED ON A CRIMINAL BACKGROUND CHECK.

Have you ever been acquitted or convicted of a Felony? Yes No

Have you ever been acquitted or convicted of a Misdemeanor, other than a minor traffic violation? Yes No

If yes, please provide details: _____

Professional References:

Name	Address	Relationship/Years Known	Phone Number
1.)			
2.)			
3.)			

Personal References:

Name	Address	Relationship/Years Known	Phone Number
1.)			
2.)			
3.)			

Certification and Release:

I certify that I have read and understand the application note on page one (1) of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to: criminal background history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment **Company policy requires submittal to drug testing to detect the use of illegal drugs prior to and during employment** Please sign below to verify that you have read and fully understand TTSS application.

Signature: _____ Date: _____