

# *Breckinridge Services Inc.*



Upon completion, please submit via one of the following methods:

## Postal Mail:

Breckinridge Services Inc.  
170 Sykes Boulevard  
Morganfield, KY 42437  
Attn: Human Resources

E-Mail: [info@breckinridgeplace.org](mailto:info@breckinridgeplace.org)

Fax: 270-389-1123



170 Sykes Boulevard  
Morganfield, KY 42437  
270-389-1133

Breckinridge Services, Inc. (BSI) is an Equal Employment Opportunity employer. As a responsible business organization, BSI is committed to the practice of equal employment opportunity in all our business activities without regard to age, color, disability, gender, marital status, national origin, race, religion, veteran status, or any other legally protected status in every phase of our employment program. For this type of employment, state law requires a criminal record check as a condition of employment.

# Employment Application

**INSTRUCTIONS TO THE APPLICANT:** The information requested on this form is sought in good faith. Complete **all** sections of this application form (if any section or question is not applicable to you, indicate this by writing in "Not Applicable" or "N/A"). You must sign and date this application form in the spaces provided. BSI reserves the right to reject illegible, incomplete or unsigned applications. IF you need more space to answer any question, indicate this and use the blank area on the back page of this form.

**GENERAL INFORMATION**

Last Name	First	Middle	Social Security Number
Street Address		Apt. Number	Daytime Telephone Number ( )
City	State	Zip code	Evening Telephone Number ( )
Have you ever applied for employment with BSI before? <input type="radio"/> Yes <input type="radio"/> No		What is the best way/time(s) to contact you?	
Month and Year You Applied	Location		
Are you legally able to operate an automobile or van? <input type="radio"/> Yes <input type="radio"/> No		Are you legally eligible for employment in the U.S.?	
Do you have reliable transportation to and from work? <input type="radio"/> Yes <input type="radio"/> No		If hired, you must provide proof of your employment eligibility as required by federal law.	
If hired, you will be required to provide a photocopy of your current driver's license.			
Type of Position Desired:	<input type="radio"/> Director of Nursing	<input type="radio"/> Asst. Dir. Nursing	Work Schedule Desired: <input type="radio"/> Days <input type="radio"/> Evenings
<input type="radio"/> Nurses Aide	<input type="radio"/> Food Service	<input type="radio"/> Clerical	<input type="radio"/> Nights <input type="radio"/> Weekends <input type="radio"/> Substitute (variable)
<input type="radio"/> Janitorial/Maintenance	<input type="radio"/> Administration	<input type="radio"/> Management	<input type="radio"/> Other (write in preferred schedule below)
Other (describe) _____		_____ a.m. to _____ p.m., _____	
Employment Status Desired: <input type="radio"/> Regular Full-Time <input type="radio"/> Regular Part-Time		When are you available to begin work?	
<input type="radio"/> Substitute/PRN <input type="radio"/> Temporary Full-Time <input type="radio"/> Temporary Part-Time		Will you work overtime if asked? <input type="radio"/> Yes <input type="radio"/> No	
Availability for Weekend Work: <input type="radio"/> Every weekend <input type="radio"/> 1 weekend per month		Days/times you're generally <u>not</u> available for overtime:	
<input type="radio"/> 2 weekends per month <input type="radio"/> Occasional weekends <input type="radio"/> Can't work weekends			
Have you ever been convicted of <b>any</b> crime? <input type="radio"/> Yes <input type="radio"/> No If yes, provide a full explanation on the back of this application form. (A conviction record may not be an automatic bar to employment)			
Have you ever been investigated for abuse, neglect or exploitation of a child or any other person? <input type="radio"/> Yes <input type="radio"/> No If yes, provide a full explanation on the back of this application form. (An investigation record may not be an automatic bar to employment)			

**FOR OFFICE USE ONLY**

App Receipt Date _____	Under consideration for _____ position at _____	Logged into Abra	<input type="radio"/> Yes	<input type="radio"/> No
Screening Interview Date _____	Score _____ Interviewer _____		<input type="radio"/> Show	<input type="radio"/> No Show
Follow-up Interview Date _____	Score _____ Interviewer _____		<input type="radio"/> Show	<input type="radio"/> No Show
Home/Program Visit Date _____	Score _____ Location _____		<input type="radio"/> Show	<input type="radio"/> No Show
Reference Check Completion Date _____	<input type="radio"/> Acceptable <input type="radio"/> Not Acceptable	<input type="radio"/> Applicant Withdrew, Date _____		
Hire Decision Date _____	<input type="radio"/> Offer <input type="radio"/> Regret	Hired	<input type="radio"/> Yes	<input type="radio"/> No

# EDUCATION

	Name & Location of School	Course of Study or Major	# Year Attended	Did you Graduate?	Degree or Diploma Earned
High School				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	
Technical/Trade Or Vocational				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	
Community or Junior College				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	
College or University				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	
College or University				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	
Graduate School				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Attending	

# TRAINING

Certification Type/Description	Granting Authority/Where Earned	Certificate/License Number <i>(if any)</i>	Expiration Date <i>(if any)</i>
Cardio-Pulmonary Resuscitation (CPR)			
Standard First Aid			
Certified Nurse Aide (CNA)			
Medication Administration			
Licensed Practical Nurse (LPN)			
Registered Nurse (RN)			
Mandt			
NaTFA Certification			
CORE (abuse/ neglect,etc)			
Behavior Supports			
Other			

Summarize any other special job-related skills and qualifications you have acquired from previous employment or other experience:

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# MILITARY SERVICE

Have you served in the United States Armed Forces?  Yes  No  
 If yes, in what Branch?

Describe any training you received that is relevant to the job for which you are applying:

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# EMPLOYMENT HISTORY

*Starting with your present or most recent job, provide an accurate, complete employment record. Include every job you have held in the past 10 years.*

<b>1</b>	Employer's Name	Telephone (    )
	Address (Street, City, State and Zipcode)	Employment Dates (State month and year) From _____ To _____
	Name & Title of Supervisor	Wage (Specify if per hour, month or year)
	Position/Job Title You Held and Work You Performed	Reason for Leaving This Job

<b>2</b>	Employer's Name	Telephone (    )
	Address (Street, City, State and Zipcode)	Employment Dates (State month and year) From _____ To _____
	Name & Title of Supervisor	Wage (Specify if per hour, month or year)
	Position/Job Title You Held and Work You Performed	Reason for Leaving This Job

<b>3</b>	Employer's Name	Telephone (    )
	Address (Street, City, State and Zipcode)	Employment Dates (State month and year) From _____ To _____
	Name & Title of Supervisor	Wage (Specify if per hour, month or year)
	Position/Job Title You Held and Work You Performed	Reason for Leaving This Job

**BSI may contact the employers listed above unless you indicate those you do not want us to contact and why.**

**Please DO NOT Contact:**

Employer Number(s) \_\_\_\_\_ Reason

<b>4</b>	Employer's Name	Telephone (     )
	Address (Street, City, State and Zipcode)	Employment Dates (State month and year) From _____ To _____
	Name & Title of Supervisor	Wage (Specify if per hour, month or year)
	Position/Job Title You Held and Work You Performed	Reason for Leaving This Job

<b>5</b>	Employer's Name	Telephone (     )
	Address (Street, City, State and Zipcode)	Employment Dates (State month and year) From _____ To _____
	Name & Title of Supervisor	Wage (Specify if per hour, month or year)
	Position/Job Title You Held and Work You Performed	Reason for Leaving This Job

<b>6</b>	Employer's Name	Telephone (     )
	Address (Street, City, State and Zipcode)	Employment Dates (State month and year) From _____ To _____
	Name & Title of Supervisor	Wage (Specify if per hour, month or year)
	Position/Job Title You Held and Work You Performed	Reason for Leaving This Job

<b>7</b>	Employer's Name	Telephone (     )
	Address (Street, City, State and Zipcode)	Employment Dates (State month and year) From _____ To _____
	Name & Title of Supervisor	Wage (Specify if per hour, month or year)
	Position/Job Title You Held and Work You Performed	Reason for Leaving This Job

<b>BSI may contact the employers listed above unless you indicate those you do not want us to contact and why.</b>	<b>Please DO NOT Contact:</b>
	Employer Number(s) _____ Reason:

How did you learn about employment opportunities at BSI?  Commercial Appeal  Notice at College/University  
 Newspaper \_\_\_\_\_  Other Publication \_\_\_\_\_  
 Walk-In  Personal Referral (*name of person who referred you*) \_\_\_\_\_  
 Other (*please describe*) \_\_\_\_\_

Are any members of your family or household employed by BSI?  Yes  No      If yes, please supply the following information

Name	Position/Title	Work Location
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## REFERENCES, AUTHORIZATION, SIGNATURES

Name of Reference ( <u>non-relatives only</u> )	Relationship to Applicant ( <i>Must have known you for 5 years</i> )	Address and Phone Number ( <i>Please note the best time(s) to contact</i> )

In addition to the persons named above, I authorize and request all of my former employers, schools and/or other individuals named on this application form to answer any and all questions that may be asked and herewith release such persons and the organizations they represent from all liability for giving any information within their knowledge or record.

Applicant's Name ( <i>Please Print</i> )	Applicant's Signature	Date
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I certify that the information I have provided on this Employment Application is complete, true, and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary for BSI to make an employment decision.

I understand that various state and federal regulations require BSI to conduct background investigations (especially regarding criminal history and allegations of abuse or neglect) on all employees prior to or upon employment. Additionally, many jobs at BSI require a satisfactory driving record, so employees' driving records are also routinely checked. I authorize BSI to conduct necessary investigations into my background utilizing the state's Bureau of Investigation, a Motor Vehicle Report Systems, and/or any investigative consumer reporting agency. If a report is obtained, BSI will provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I understand that BSI reserves the right to reject illegible, incomplete or unsigned applications. In the event of employment, I understand that false or misleading information or any omission of fact on this application or conveyed during any interview(s) may result in termination of employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I acknowledge that, unless otherwise defined by applicable law, any employment relationship with BSI is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time, with or without cause. I further understand that this "at will" employment relationship may no be changed by any written document or by conduct.

Applicant's Name ( <i>Please Print</i> )	Applicant's Signature	Date
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# Breckinridge Services Inc.

## Statement for release of Information

**Date:**

**Full Name of Employee/Applicant:**

**Previously used names (nicknames, maiden names, etc):**

**SS#:**

**Drivers License #:**

**State issuing Drivers License:**

**Birth Date:**

I, \_\_\_\_\_, certify and affirm that to the best of my knowledge and belief I have not had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize BSI to have full and complete access to any and all personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

\_\_\_\_\_  
**Signature of Employee/Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**





REQUEST FOR CONVICTION RECORDS/LONG-TERM CARE FACILITY

Pursuant to KRS 216.789 and/or KRS 216.793, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Breckinridge Services, Inc. P.O. Box 109 Uniontown, KY 42461

Agency Name and Address

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment in a position at a long-term care facility as defined by KRS 216.535(1), or a nursing pool providing staff to a nursing facility, or assisted-living community, involving direct services to a resident or client. I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: \_\_\_\_\_  
                    First                    Middle                    Last                    Maiden

ADDRESS: \_\_\_\_\_  
                    Street                    City                    State            Zip

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOC SEC NO: \_\_\_\_\_

\_\_\_\_\_  
Signature                    Date                    Witness                    Date

INSTRUCTIONS:

**Requesting agencies should ensure that all application information is completed.**

Requesting agencies should forward a check or money order made payable to the **Kentucky State Treasurer** in the amount of **\$20.00** for each submitted form. Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

**The Kentucky State Police will charge a \$25.00 fee on each returned check.**

**RETURN THIS FORM TO:**

Kentucky State Police  
Criminal Identifications and Records Branch  
Criminal Records Dissemination Section  
1250 Louisville Road  
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>