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|   | PO Box 58219Louisville, KY 40268Phone # (502) 719-0072Fax # (502) 719-0078 |  (OFFICE USE ONLY)  |
| APPR. \_\_\_\_\_\_\_ DISAPPR. \_\_\_\_\_\_\_ BY \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pending Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *FOR THIS TYPE OF EMPLOYMENT STATE LAW REQUIRES A CRIMINAL BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT* |
| PRINT OR TYPE ALL INFORMATION |
| SOCIAL SECURITY NUMBER:  |  |
| Job Title: Date Available if Hired: |
|  Name: (Last) | (MI) | (First) |
| Street | City | County | State | Zip Code |
|  Home Phone: | Cell Phone: | E-mail: |
|  DOB | US Citizen Yes \_\_\_ No \_\_\_ | Do you have legal right to work in US? Yes \_\_ No \_\_ |
| Emergency Contact ( Name, Phone, Relation ) |
|  EDUCATION AND TRAINING .  |
|  Do you have a High School diploma or GED? | Yes [ ]  | No [ ]  | If not, what is the highest grade that you completed? |
| Name of School | Address (City, State): |
|  Dates attended:  | From | To | Major course of study: |
| Computer/Office Machines Knowledge, Skills |
| COLLEGE AND GRADUATE SCHOOL EDUCATION |
|  Name/Location of School(s) | Dates Attended | Major | # of Credits Completed | Type of Degree | Degree Earned?(Yes or No) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| U.S. MILITARY RECORD (Do not include ROTC) |
|  Service Branch | Date Entered | Date Discharged | Initial Rank | Final Rank | Active Reserve? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Special Training, skills, commendations or recognition |
|  SPECIALIZED TRAINING OR CLASSES RELEVANT TO THE JOB |
|  Title of Program/Course(s) | Company/School | Dates Attended | # of Credits Earned | Diploma/Certificate Received? |
|  |  |  |  |  |
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**WORK EXPERIENCE:**

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities.

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| --- | --- |
| Job Number 1: |  |
| Name of Employer: | Employer’s Address (Street, City, State, Zip Code): |
| Type of Business: | Supervisor’s Name and Phone Number: |
| Your Job Title: | Do you supervise other employees? Yes [ ]  No [ ]  How many? . | Job Titles of Those You Supervise: |
| Dates of Employment (From: Month/Day/Year To: Month/Day/Year): | Is your position considered full-time? Yes [ ]  No [ ]  Salary: .How many hours do you work per week? .  |
| Job Duties:  |

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| --- | --- |
| Job Number 2:: |  |
| Name of Employer: | Employer’s Address (Street, City, State, Zip Code): |
| Type of Business: | Supervisor’s Name and Phone Number: |
| Your Job Title: | Do you supervise other employees? Yes [ ]  No [ ]  How many? . | Job Titles of Those You Supervise: |
| Dates of Employment (From: Month/Day/Year To: Month/Day/Year): | Is your position considered full-time? Yes [ ]  No [ ]  Salary: .How many hours do you work per week? .  |
| Job Duties:  |
| Job Number 3:: |  |
| Name of Employer: | Employer’s Address (Street, City, State, Zip Code): |
| Type of Business: | Supervisor’s Name and Phone Number: |
| Your Job Title: | Do you supervise other employees? Yes [ ]  No [ ]  How many? . | Job Titles of Those You Supervise: |
| Dates of Employment (From: Month/Day/Year To: Month/Day/Year): | Is your position considered full-time? Yes [ ]  No [ ]  Salary: :How many hours do you work per week? .  |
| Job Duties:  |

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|  **Have you ever been convicted of any violation of law other than a minor traffic violation?** Yes [ ]  No [ ]  **If yes, give the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment. (Please write this information on a separate sheet of paper and attach it to this application.)** |

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| **INDICATE WHICH TYPE OF EMPLOYMENT YOU ARE INTERESTED IN:** **[ ]** Full-time [ ] Part-time [ ] Temporary [ ] Contractual |

I hereby voluntarily and knowingly authorize any and all past or present employers, supervisors, colleges, universities, or other institutions of learning, law enforcement agencies, state agencies, federal agencies, finance bureaus, collection agencies, private businesses, military branches or the National Personnel Records Center, personal references, and/or other persons, to provide records or information they may have concerning me to Harbor House of Louisville Inc. I hereby voluntarily, knowingly and unconditionally release any named or unnamed informant from any liability resulting from the furnishing of this information. This information shall be valid one (1) year from the date signed or as long as I am employed by Harbor House of Louisville Inc.

I hereby affirm that this application (and accompanying resume) contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that if hired, discovery at any time of misrepresentation or falsification on this application will be considered sufficient cause for dismissal. Harbor House of Louisville Inc. is hereby authorized to make any investigation of my personal and professional history through any investigative agencies of its choice.

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Signature Date