

APPLICATION FOR EMPLOYMENT

Kaleidoscope, Inc. is an equal opportunity employer. Federal and State laws prohibit discrimination in employment because of sex, race, color, religion, national origin, age, disability, veteran status, citizenship status and sexual orientation.

**Personal
Name**

_____ (last) (first) (middle)

In any additional information relative to change of name necessary to enable Kaleidoscope, Inc. to check references?

If yes, explain _____

Address _____

_____ (city) (county) (state) (zip code)

How long have you resided in the state of KY? _____

Social Security Number _____ DOB _____ Phone Number _____

In case of emergency, please notify _____ Phone Number _____

Classification _____ RN _____ LPN _____ Other _____ License # _____ Renewal #

State issued _____ Expiration Date _____

Has your license ever been suspended or revoked?

If yes, explain _____

A job description listing the activities of the position for which you are applying is part of this application. After reviewing the job description, answer the following:

Do you have any medical or physical limitations? _____ Yes _____ No

If yes, explain _____

Will you accept assignments which require lifting, turning, or moving of participants or medical equipment? _____ Yes _____ No

If yes, can you lift a participant or medical equipment weighing 50 lbs with or without accommodations? _____ Yes _____ No

Can you assist with a participant in turning standing, walking, and or sitting? _____ Yes _____ No

Have you ever been convicted of a felony, misdemeanor, or any offense other than a minor traffic violation? _____ Yes _____ No

If yes, explain _____

Educational Background

Attended	Name and Address	Graduated	Course/Major
High School			
Vocational			
Hospital			
College/University			
Post Graduate			

CPR Certified? YES _____ NO _____ Date _____ Source of Training _____

Please explain any additional qualifications, education, or training, including medication courses:

Prior Work History (list in order, last or present employer first)

Employer Name _____ Phone _____
 Address _____ State, Zip _____
 Job title _____ Salary _____ Supervisor _____
 Date worked _____ to _____ Nature of Work _____
 Reason for leaving _____

Employer Name _____ Phone _____
 Address _____ State, Zip _____
 Job title _____ Salary _____ Supervisor _____
 Date worked _____ to _____ Nature of Work _____
 Reason for leaving _____

Employer Name _____ Phone _____
 Address _____ State, Zip _____
 Job title _____ Salary _____ Supervisor _____
 Date worked _____ to _____ Nature of Work _____
 Reason for leaving _____

Employer Name _____ Phone _____
 Address _____ State, Zip _____
 Job title _____ Salary _____ Supervisor _____
 Date worked _____ to _____ Nature of Work _____
 Reason for leaving _____

Professional References (excluding employers or relatives)

Name and Classification _____
Address _____ Phone Number _____
City State Zip Code

Name and Classification _____
Address _____ Phone Number _____
City State Zip Code

Availability

Are you available to work _____ Full Time _____ Part Time _____ Temporary
Will you work overtime if necessary? _____ Yes _____ No
On what date will you be available for work? _____

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character previous employment, general reputation, educational background, and criminal history. I authorize anyone possessing this information to furnish it to Kaleidoscope, Inc. and/or a 3rd party company upon request and I release anyone so authorized from all liability and damages whatsoever in furnishing, obtaining, or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Kaleidoscope, Inc.

I understand and agree that if employed, the employment will be "at will". That is, either I or Kaleidoscope, Inc. may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application and/or any other Kaleidoscope, Inc. documents are not contracts of employment.

Signature of Applicant Date

FOR EMPLOYER USE ONLY:

Offers of employment are conditioned upon receipt of the following:

- _____ Copy of certificate/license-marked copy
- _____ Job description- signed and dated
- _____ Two favorable reference letters
- _____ Signed basic employee policies and procedures
- _____ Withholding tax forms (W-4)
- _____ Required Skill Testing, if necessary
- _____ I-9 Documents
- _____ Name, address and social security number
- _____ Health Records
- _____ Clear Criminal Records/Sex Offender Check in **state where resided in the past year**

FOLLOW UP DATE:

CPR expiration date: _____
Recertification date : _____

AFTER HIRE ONLY:

(Note: These are to be completed after a “conditioned offer” of employment is made)

- _____ Copy of valid driver’s license- marked “copy”
 - _____ Copy of CPR certification
 - _____ Copy of last TB (PPD) test/or other if required _____
 - _____ Date of last chest X-ray _____
 - _____ Documentation of in-service/continuing education or special training
 - _____ Proof of valid automobile liability insurance, if applicable
-

In Case of Emergency: _____ Phone: _____

_____ ID Badge
Birth date (month and day only) ____/____

Dear Former Employer:

One of your former employees has applied for a position with Kaleidoscope, Inc. We ask that you verify and complete this form at your earliest convenience and return it to our office. Thank you for taking the time needed to complete this reference form.

Sincerely,

Darla A. Bailey, MSW
President

I release the above employer, Kaleidoscope, Inc. and their agents and employees, from any liability or claims I may have which arise or result from any reference provided pursuant to this authorization or any authorized disclosure thereof.

Applicant's signature

Date

Name of Applicant: _____

Other Name: _____

Social Security Number: _____

Dates Employed: _____

EVALUATION	EX CE LL EN T	G O O D	F A I R	P O O R
Job Knowledge	1	2	3	4
Quality	1	2	3	4
Quantity	1	2	3	4
Attitude	1	2	3	4
Dependability	1	2	3	4
Punctuality	1	2	3	4
Overall Performance	1	2	3	4

Reason for Leaving: _____

Eligible for reemployment: Yes _____ No _____ If not, please explain: _____

Wage rate: _____ per hour COMMENTS: _____

Signature _____ Date _____

Name of Company: _____ Title: _____

AN ARRAY OF SERVICES TO MEET YOUR NEEDS!