



KALEIDOSCOPE, INC.
10330 BUNSEN WAY
LOUISVILLE, KY 40299
(502) 495-1662 • (502) 495-1665

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)

Address: _____

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

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

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

If yes, please explain _____

Social Security #: _____ - _____ - _____ DOB: _____ Phone # _____

In case of emergency, please notify: _____ Phone # _____

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

If yes, please 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 participants 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, please explain _____

Educational Background

Attended	Name and Location	Graduated	Course/Major
<i>High School</i>			
<i>Vocational</i>			
<i>Hospital</i>			
<i>College/University</i>			
<i>Post Graduate</i>			

Are you CPR Certified? Yes _____ No _____ Date _____ Source of Training _____

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

Licensing Information:

License Classification/Area _____ License # _____

State issued by: _____ Expiration Date: _____

Has your license ever been suspended or revoked?

If yes, please explain: _____

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

Employer Name _____ Phone Number _____

Address _____ State _____ Zip Code _____

Job title _____ Salary _____ Supervisor _____

Date worked _____ to _____ Nature of Work _____

Reason for leaving _____

Employer Name _____ Phone Number _____

Address _____ State _____ Zip Code _____

Job title _____ Salary _____ Supervisor _____

Date worked _____ to _____ Nature of Work _____

Reason for leaving _____

Prior Work History *(continued)*

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

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

Personal References

1. Name _____ Relationship _____
Address _____
(City) *(State)* *(Zip Code)*
Phone Number _____

2. Name _____ Relationship _____
Address _____
(City) *(State)* *(Zip Code)*
Phone Number _____

Professional References *(excluding current employers or relatives)*

1. Name _____ Relationship _____
Address _____
(City) *(State)* *(Zip Code)*
Phone Number _____

2. Name _____ Relationship _____
Address _____
(City) *(State)* *(Zip Code)*
Phone Number _____

Availability

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

Please read the following applicant agreement and sign below.

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. I also understand that Kaleidoscope will conduct a drug screening prior to offering employment.

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