

SPECIAL QUALIFICATIONS AND SKILL

Can you type? _____ Estimated words per minute _____ Do you have word processing or computer programming skills? (please specify) _____

Other computer knowledge or experience: _____ Yes _____ No Specify: _____

Are you fluent in any foreign language? _____ If so, which one(s): _____

Do you know Sign Language? _____

Special license or certificate: ** _____ Expiration date of license or certificate: _____

Have you ever had loss of privileges or limitations placed upon, or voluntarily surrendered your professional license? _____
If yes, why? _____

Name and address of state or licensing body: _____

Do you possess a current driver's license? _____ In what state are you licensed? _____

****A copy of license or certificate must be furnished before offer of employment.**

Minimum 5 Year Employment History (Please list most recent employer first; a resume is not acceptable to replace this information, but can be attached if necessary.)

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		POSITION TITLE	SUPERVISORS NAME	FINAL SALARY	FULL/ PART TIME	REASON FOR LEAVING
	FROM	TO					

May we contact your present employer? _____ Present employer's area code and telephone number: _____

Have you ever been discharged from a position? _____ If so, why? _____

PROFESSIONAL REFERENCES

Name _____ Area Code _____ Telephone _____

Address _____

Occupation _____ How long known? _____

Name _____ Area Code _____ Telephone _____

Address _____

Occupation _____ How long known? _____

Name _____ Area Code _____ Telephone _____

Address _____

Occupation _____ How long known? _____

Name _____ Area Code _____ Telephone _____

Address _____

Occupation _____ How long known? _____

SPECIAL CONSIDERATIONS

If there are any positions or types of positions for which you should not be considered or job duties you cannot perform in a reasonable manner, please describe.

CERTIFICATIONS OF APPLICANT

Have you ever been convicted, imprisoned or fined for a felony? _____ YES _____ NO

If YES, explain, giving date(s) and location(s). _____

I CERTIFY THAT ALL ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE, AND I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT IN THIS APPLICATION WILL BE SUFFICIENT GROUNDS OF REJECTION OF THE APPLICATION OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE AT ANY TIME HEREAFTER. I AGREE TO AND AUTHORIZE BLUEGRASS REGIONAL MENTAL HEALTH-MENTAL RETARDATION BOARD, INC./OR ITS AFFILIATED ORGANIZATIONS, TO COMPLETE A PRE-EMPLOYMENT DRUG SCREENING AND UNDERSTAND THAT A POSITIVE SCREENING MAY RESULT IN REJECTION OF THE APPLICATION. I FURTHER AUTHORIZE BLUEGRASS REGIONAL MENTAL HEALTH-MENTAL RETARDATION BOARD, INC./OR ITS AFFILIATED ORGANIZATIONS, TO COMPLETE ALL REQUIRED CRIMINAL RECORDS CHECKS (INCLUDING A NATIONWIDE CRIMINAL CHECK WITH INTELICORP), LICENSE VERIFICATIONS, AND A CREDIT CHECK IF I HAVE APPLIED TO A POSITION SUBJECT TO THIS REQUIREMENT. I UNDERSTAND THAT THE FINDINGS OF A RECORDS CHECK, OR DISCIPLINE OR INVESTIGATION OF A LICENSE, MAY BE GROUNDS FOR REJECTION OF APPLICATION OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE. I ALSO ACKNOWLEDGE AND AUTHORIZE THAT IF/WHEN I AM EMPLOYED AT BLUEGRASS, THAT PART OF MY EMPLOYMENT REQUIREMENTS COULD INCLUDE ANNUAL CRIMINAL RECORD CHECKS. I AUTHORIZE BLUEGRASS REGIONAL MENTAL HEALTH-MENTAL RETARDATION BOARD, INC./OR ITS AFFILIATED ORGANIZATIONS, TO MAKE ALL NECESSARY INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN, AND AUTHORIZE AND RELEASE FROM LIABILITY ANY AND ALL REFERENCES TO PROVIDE INFORMATION RELEVANT TO MY APPLICATION FOR EMPLOYMENT WITH BLUEGRASS REGIONAL MENTAL HEALTH-MENTAL RETARDATION BOARD, INC./OR ITS AFFILIATED ORGANIZATIONS.

SIGNATURE OF APPLICANT

DATE

EMPLOYMENT ELIGIBILITY VERIFICATION FORM (Form I-9)

The form on the reverse side of this sheet **MUST** be completed only by those applicants who are offered employment.

In addition, all forms used to verify identity and employment eligibility **MUST BE PHOTOCOPIED AND ATTACHED TO THE FORM.**