

**APPLICATION FOR EMPLOYMENT**

*All statements and questions are to be completed; the answers will be confidential.*

Comp Serv Health Resources Incorporated

101 North Seventh Street Louisville Kentucky

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Last Name | First Name | M.I. | *Other last names (past 10 years)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | State\_\_\_\_\_\_ | Zip Code\_\_\_\_\_\_\_ | Telephone |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Alternative Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Alternative Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length of time at current address |

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| **EMPLOYMENT DESIRED** |
| Position(s) Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Salary Expectations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type of Work Preferred: Full Time [ ]  Part Time [ ]  Regular [ ]  Temporary [ ]   Volunteer [ ]  Internship[ ]   |
| Date Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Location(s) Preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **LIST ALL HOME ADDRESSES FOR THE PAST TEN YEARS** *(use back if necessary)* |
| Street | City/Town | State | Zip |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |

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| **PERSONAL/GENERAL INFORMATION** |

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| **WORK / VOLUNTEER EXPERIENCE***Give your full employment record – start with your current or most recent employment. Use additional sheets if necessary.*  |
| Current or Last Employer: | Address: |
| Job Title: | Supervisor’s Name & Title: | Tel. Number: |
| Employed From (mo/yr): | Starting Salary:$ per  | Ending/Current Salary:$ per  | Reason for Leaving: |
| Employed To (mo/yr): | List major duties in order of importance in the job: |
| Type of Business: |
|  |
| Current or Last Employer: | Address: |
| Job Title: | Supervisor’s Name & Title: | Tel. Number: |
| Employed From (mo/yr): | Starting Salary:$ per  | Ending/Current Salary:$ per  | Reason for Leaving: |
| Employed To (mo/yr): | List major duties in order of importance in the job: |

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| Current or Last Employer: | Address: |
| Job Title: | Supervisor’s Name & Title: | Tel. Number: |
| Employed From (mo/yr): | Starting Salary:$ per  | Ending/Current Salary:$ per  | Reason for Leaving: |
| Employed To (mo/yr): | List major duties in order of importance in the job: |
| Type of Business: |
| Current or Last Employer: | Address: |
| Job Title: | Supervisor’s Name & Title: | Tel. Number: |
| Employed From (mo/yr): | Starting Salary:$ per  | Ending/Current Salary:$ per  | Reason for Leaving: |
| Employed To (mo/yr): | List major duties in order of importance in the job: |
| Type of Business: |
| Please list additional jobs or experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **MILITARY EXPERIENCE** |
| If in service, indicate – Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_\_\_ Date Discharged: \_\_\_\_\_\_\_\_\_\_\_Nature of Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Highest rank or grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Terminal rank or grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*Please complete for all schools attended

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| **EDUCATION** |
| **Type of School** | **Name & Location of School** | **From/To****Month/Year** | **Graduate?** | **Credit Hours Received** | **Degree or Diploma Received** | **Major Subjects** |
| High School |  |  | Yes [ ] No [ ] GED [ ]  |  |  |  |
| Trade/Business School |  |  | Yes [ ] No [ ]  |  |  |  |
| College or University |  |  | Yes [ ] *Date Grad:*No [ ]  |  |  |  |
| Graduate or Professional School |  |  | Yes [ ] *Date Grad:*No [ ]  |  |  |  |

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| **PROFESSIONAL LICENSES & CERTIFICATIONS** |
| **License/Certificate Number** | **Field or Specialty** | **Agency & State Issued By** | **Expiration Date** |
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* Have you ever been convicted of a crime (if yes, see criminal disclosure statement attached):
* Summarize any special skills and training not listed above:
* Membership in professional or job-related organizations *(Please exclude racial, religious and nationality groups):*
* Publications, professional licenses or special honors or awards:

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| **PROFESSIONAL REFERENCES**Please complete the following information for three professional references. To aid in your potential employment, please ensure that all information is accurate and current. To assist Comp Serv Health Resources Inc, in their efforts to locate and consult the listed references, please provide any known alternative numbers and the best possible times to reach the reference. Thank You. |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *City* | *State* | *Zip* |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Alt. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Best time(s) to reach: |  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *City* | *State* | *Zip* |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Alt. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Best time(s) to reach: |  |
| **Personal Reference:** |  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *City* | *State* | *Zip* |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Alt. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Best time(s) to reach: |  |

*If you have not had previous work experience, please use a reference from any volunteer experience you may have or a personal reference who can verify work ethics.*