

# Application for Employment



## Baptist Homes, Inc.

3001 North Hurstbourne Pkwy  
Louisville, KY 40241  
(502) 426-5531

## Springhurst Health and Rehab / Parr's at Springhurst Cornell Trace / BHI Assisted Living



**Our goal is to provide a  
continuum of quality care  
to all of our residents  
through caring, qualified  
professionals, state-of-the-art  
facilities and support services.**

**FOR THIS TYPE OF EMPLOYMENT STATE LAW REQUIRES  
A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT**

**Baptist Homes, Inc. is a Drug Free Workplace**

NAME/Last, First, Middle

POSITION

DATE

**PERSONAL INFORMATION**

Name \_\_\_\_\_ al Phone Number \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street Apt City State Zip Code

Email Address \_\_\_\_\_ Alt Phone Number \_\_\_\_\_

If you cannot be reached at above phone number, where may we contact you? Phone \_\_\_\_\_ Name of Person \_\_\_\_\_

**APPLICANT QUESTIONS**

Type of work Desired	Shift	Salary	Full Time	Part Time	Temp.
First Choice					
Second Choice					

How Were You Referred To Baptist Homes, Inc.? \_\_\_\_\_

Have you worked for Baptist Homes Inc.? Yes No  
 If so, when / what position? \_\_\_\_\_

Are you a US Citizen Yes No  
 If no, are you authorized to work in the US? Yes No

Date Available \_\_\_\_\_

List any friends or relatives working for Baptist Homes \_\_\_\_\_

Have you ever been convicted of, or plead guilty or no contest to, a crime other than a minor traffic violation? Yes No

If so, please explain in detail on a separate piece of paper and include the date and final disposition of the case and the nature of the offense.

Conviction of a criminal offense will not necessarily preclude your employment but false or misleading information will.

**EDUCATION / TRAINING**

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			Yes No	
College or Technical School			Yes No If Yes, Date ____/____/____	
Other Schooling or Training			Yes No If Yes, Date ____/____/____	

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualification You Have Which You Feel are Related to the Position for Which You are Applying:

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number

**MILITARY RECORD**

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty
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Specialized Training: \_\_\_\_\_

List Service Awards, Commendations: \_\_\_\_\_

\_\_\_\_\_

List current (or most recent) employer first and all others in reverse chronological order.

Company Name		Dates Employed		Month	Year	Month		Year
		From				To		
Address (Street, City, State, Zip Code)		Phone			Starting Salary		Ending Salary	
					\$		\$	
Position Title		Immediate Supervisor's Name and Title						
Job Description & Responsibilities:								

May we contact for reference?	Reason for Leaving
Yes No	

Company Name		Dates Employed		Month	Year	Month		Year
		From				To		
Address (Street, City, State, Zip Code)		Phone			Starting Salary		Ending Salary	
					\$		\$	
Position Title		Immediate Supervisor's Name and Title						
Job Description & Responsibilities:								

May we contact for reference?	Reason for Leaving
Yes No	

Company Name		Dates Employed		Month	Year	Month		Year
		From				To		
Address (Street, City, State, Zip Code)		Phone			Starting Salary		Ending Salary	
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Company Name		Dates Employed		Month	Year	Month		Year
		From				To		
Address (Street, City, State, Zip Code)		Phone			Starting Salary		Ending Salary	
					\$		\$	
Position Title		Immediate Supervisor's Name and Title						
Job Description & Responsibilities:								

May we contact for reference?	Reason for Leaving
Yes No	

Use this space to provide further information which may assist us in placing you. \_\_\_\_\_

\_\_\_\_\_

**REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS**

Name and Relationship	Title	Company Name & Address	Telephone

**AVAILABILITY**

Please Indicate Days and Hours You Are Available For Work		
Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Primary position desired \_\_\_\_\_

Will you accept another position? Yes No

If so, what? \_\_\_\_\_

Are you available to work:

Weekends Yes No Holidays Yes No

Rotating Shifts Yes No On Call Yes No

I understand that emergency conditions may require me to temporarily work Shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of Baptist Homes, Inc.

\_\_\_\_\_  
Applicant's Signature Date

If your availability status changes, it is your responsibility to notify your department head or the administrator. Such changes will be effective, then, for any future employment

Baptist Homes, Inc. does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I understand employment is at will and either party is free to terminate the employment relationship at any time without cause.

I also understand my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three (3) days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date