



Residential Treatment Program  
Child Development Center  
Therapeutic Foster Care/Adoption Program

2823 Frankfort Avenue • Louisville, KY 40206  
Phone: 502-893-0241 • Fax: 502-212-1292 or 502-896-2394

*St. Joseph Home is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.*

**PLEASE PRINT IN INK AND ANSWER EVERY QUESTION**

Position Applying For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Days – indicate  work or  home \_\_\_\_\_

Evenings – indicate  work or  home \_\_\_\_\_

How were you referred to our organization?

- Newspaper Ad                       Person \_\_\_\_\_
- Internet Website                       Other \_\_\_\_\_

Can you furnish proof of US citizenship or do you have the legal right to be employed in the US?  Yes or  No

Are you at least 18 years of age?  Yes or  No

Have you ever been previously employed at St. Joseph's?  Yes or  No

If yes, please give pervious employment dates: \_\_\_\_\_ to \_\_\_\_\_

Were you referred to St. Joseph's by a current employee?  Yes or  No. If yes, state name:

Do you have friends/relatives currently employed by us?  Yes or  No. If yes, name and relationship? \_\_\_\_\_

Do you have a valid driver's license?  Yes or  No. If Yes, would you be willing to drive a multi-passenger van to transport children?  Yes or  No

On what date would you be available to begin employment? \_\_\_\_\_

What is your minimum Wage/Salary requirement: \$ \_\_\_\_\_ (Hourly/Annually)  
*Please do not write negotiable*

Employment Preference:  Full Time,  Part Time, or  Temporary

Shift Preference:  1<sup>st</sup> shift,  2<sup>nd</sup> shift, or  3<sup>rd</sup> shift  
Would you be willing to work other than shift indicated?  Yes or  No

After review of the job description for the position, do you believe you are able to perform the essential functions of this position, with or without reasonable accommodations?  Yes or  No

Have you ever been convicted of or pled no contest to a felony?  Yes or  No  
Felony Degree (if known) \_\_\_\_\_ State/County \_\_\_\_\_ Date \_\_\_\_\_  
Explain \_\_\_\_\_

Have you ever been convicted of or pled no contest to a misdemeanor?  Yes or  No  
Misdemeanor Class (if known) \_\_\_\_\_ State/County \_\_\_\_\_ Date \_\_\_\_\_  
Explain \_\_\_\_\_

Have you ever had a substantiated charge filed against you with Child Protective Services in KY or any other state?  
 Yes or  No  
Charge \_\_\_\_\_ State/County \_\_\_\_\_ Date \_\_\_\_\_  
Explain \_\_\_\_\_

*St. Joseph's policy and state law requires a criminal record check on prospective employees after a job offer has been made as a condition of employment. A pre-employment screening will also be required.*

### **FORMAL EDUCATION**

*Please note that college degrees must be from an accredited university in order to be considered for some positions. Proof of education is required for all positions in the event that a conventional job offer is made.*

Circle Highest Grade Completed	GED	High School	College	Graduate	Other
		1234	1234	1234	1234

Name and Location of School \_\_\_\_\_ Degree Completed \_\_\_\_\_

High: \_\_\_\_\_

College/University: \_\_\_\_\_

### **PROFESSIONAL LICENSURE**

Professional License #: \_\_\_\_\_ Type: \_\_\_\_\_ Date Acquired: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Have you ever had your professional license suspended or revoked?  Yes or  No

**EMPLOYMENT HISTORY:**

*This section must be completed, even if you are attaching a resume. Begin with your most recent position. Include self-employment, summer or part-time jobs, and military assignments for the PAST 10 YEARS.*

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Did you receive any disciplinary action while employed?  Yes or  No Explain: \_\_\_\_\_

Did you voluntarily resign?  Yes or  No Specific reason for leaving this position: \_\_\_\_\_

Salary at time of departure: \$ \_\_\_\_\_

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Salary at time of departure: \$ \_\_\_\_\_

Please list any current certificates held (include First Aid/CPR/SCM and expiration dates):

Please use this space to describe your interest in St. Joseph Home, as well as any relevant knowledge, skills, training, or experience that you believe qualifies for this position:

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**REFERENCES**

Give below the names of (3) persons, not related to you, whom we can contact for a professional reference.

Name                      Address                      Daytime Phone Number                      Years Acquainted

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**Please read the following carefully. In order to be considered a valid applicant, you must sign this application.**

- The receipt of this application does not imply any guarantee of employment. An offer of employment is contingent upon pre-employment screening and favorable references.
- I certify that the information made on this application is true to the best of my knowledge, and I understand any false statements or willful omission of facts are cause for refusal of employment or, if employed, immediate dismissal.
- I grant permission for authorities of this organization to investigate my references. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
- If employed, I may terminate my employment at any time, without notice or cause, and the employer may terminate or modify the employment relationship at any time -without prior notice or cause. If employed, I understand that my employment is for no definite period of time and if terminated, the employer is only liable for wages earned as of the date of termination.
- Any physician, hospital, or testing laboratory has my consent to conduct medical examinations or drug screening tests on me, and I hereby give consent for all such information to be released for the employer to determine my abilities to perform my job.
- While St. Joseph Home attempts to accommodate individual schedule preferences, the nature of our work can make the following conditions mandatory: Overtime, shift work, a rotating work schedule, or a work schedule other than the standard, including holidays. I accept these conditions of employment.
- St. Joseph Home is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state, or local laws.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This application is current and active for a period of one (1) year.*

**EMPLOYEE AVAILABILITY AND CONTACT INFORMATION**

NAME: \_\_\_\_\_

FULL TIME / PART TIME: \_\_\_\_\_

PHONE NUMBER #1: \_\_\_\_\_

PHONE NUMBER #2: \_\_\_\_\_

AVAILABILITY				
	1st	2nd	3rd	REMARKS
SUNDAY:				
MONDAY:				
TUESDAY:				
WEDNESDAY:				
THURSDAY:				
FRIDAY:				
SATURDAY:				

*Please indicate with a yes or no the shifts you are available to work.*

Are there any scheduling concerns I should be aware of?