

# LINCOLN TRAIL BEHAVIORAL HEALTH SYSTEM

P.O. BOX 369  
3909 WILSON PD.  
RADCLIFF, KY40160  
(270) 351-9444

## EMPLOYMENT APPLICATION

This hospital is committed to equal employment opportunity in all areas of the employer/employee relationship. Including initial hiring practices. This hospital complies, as applicable, with the Civil Rights Act of 1964, the Rehabilitation Act of 1973. The Americans with Disabilities Act of 1990, the Age Discrimination in Employment Act of 1967, and all other applicable state and federal employment laws. No applicants or employees will be subject to discrimination in hiring or in the terms end conditions of employment based upon race, color, national origin, sex, age, religion, handicap status, military status, or other classification protected by law.

### PERSONAL DATA:

Name: Last	First	M.I.	Phone ( ) -	Today's Date
Street Address	City	State	Zip	Social Security Number

### ALTERNATE CONTACT:

Name	Address	Phone
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### POSITION APPLIED FOR:

Job Title	Type of employment (check one)	What days and hours available (if part time)
	Full Time ___ Temporary ___	Days Hours
	Part Time ___ Resource ___	From ___ am ___ pm To ___ am ___ pm ___

### EDUCATION:

Circle highest grade completed	Year	Name of School, address, city, state, zip	Degree	Major/Minor
High School 9 10 11 12				
College 1 2 3 4				
Vocational School Business School				
Other training or Graduate school				

### PROFESSIONAL LICENSES AND CERTIFICATES:

Type of License	License Number	Expiration Date	Issuing State	Number of Years

### SKILLS/EXPERIENCE:

<input type="checkbox"/> Typing WPM ___	<input type="checkbox"/> Bookkeeping/Accounting	<input type="checkbox"/> PBX	<input type="checkbox"/> Data Entry
<input type="checkbox"/> CheckBox4	<input type="checkbox"/> CheckBox5	<input type="checkbox"/> CheckBox6	<input type="checkbox"/> CheckBox7
<input type="checkbox"/> CheckBox8	<input type="checkbox"/> CheckBox9	<input type="checkbox"/> CheckBox10	

**EMPLOYMENT HISTORY:** If you were employed by more than one employer at any time, you must identify all employers for that period.

Present or Last Employer		Position/Title		Salary	
Address ( <i>number end street</i> ) Zip		City		State	Phone
Supervisor's Name		Describe work experience:			
Dates employed From: _____					
Name you worked under ( <i>if different</i> )		Reason for leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous Employer		Position/Title		Salary	
Address ( <i>number end street</i> ) Zip		City		State	Phone
Supervisor's Name		Describe work experience:			
Dates employed From: _____ To: _____					
Name you worked under ( <i>if different</i> )		Reason for leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous Employer		Position/Title		Salary	
Address ( <i>number end street</i> ) Zip		City	State	Zip	Phone
Supervisor's Name		Describe work experience:			
Dates employed From: _____ To: _____					
Name you worked under ( <i>if different</i> )		Reason for leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous Employer		Position/Title		Salary	
Address ( <i>number end street</i> ) Zip		City		State	Phone
Supervisor's Name		Describe work experience:			
Dates employed From: _____ To: _____					
Name you worked under ( <i>if different</i> )		Reason for leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Are there any other names you have used in the past of which we should be aware in order to verify your employment or educational history? D Yes 0 No  
If yes, please indicate name used and when.



# FOR EQUAL OPPORTUNITY IDENTIFICATION RECORDS

As an equal opportunity employer, this hospital requests information to maintain accurate records of our applicant flow. Your thorough completion of this questionnaire is needed in this regard. The information requested will not be forwarded outside of the Employment Office for screening or interviewing purposes but will be used for Employment data reasons only, THIS INFORMATION IS VOLUNTARY. Refusal to provide the information will not subject you to any adverse treatment. However, if you choose not to complete it, we will rely on visual observation for data purposes.

PLEASE PRINT

NAME \_\_\_\_\_

DATE \_\_\_\_\_

MAIDEN NAME (if applicable) \_\_\_\_\_

SEX  MALE  FEMALE

DATE OF BIRTH \_\_\_\_\_

EEO ORIGIN

- White (not of hispanic origin)
- Black (not of hispanic origin)
- American Indian or Alaskan Native
- Hispanic
- Asian/Pacific Islander

# AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **Lincoln Trail Behavioral Health System** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Lincoln Trail Behavioral Health System**. **Lincoln Trail Behavioral Health System** uses **AbsoluteHire**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

**AbsoluteHire** will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Lincoln Trail Behavioral Health System**, and **AbsoluteHire**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Lincoln Trail Behavioral Health System** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Lincoln Trail Behavioral Health System**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **AbsoluteHire**, 3009 Douglas Blvd., 3<sup>rd</sup> Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.**

Signed	Today's Date
Name as it appears on your driver's license	Position Applied For
- - / /	
Social Security Number	Date of Birth
	Driver's License Number
	State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:  
 \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

						Mo./Yr. / Mo./Yr
<b>Current Address:</b>	Street	Apt.#	City	State	Zip Code	/
						From / To?
<b>Former Address:</b>	Street	Apt.#	City	State	Zip Code	/
						From / To?
<b>Former Address:</b>	Street	Apt.#	City	State	Zip Code	/
						From / To?
<b>Former Address:</b>	Street	Apt.#	City	State	Zip Code	/
						From / To?