

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____
Address _____
(Street) (City) (State) (Zip Code)
Supervisor and Title _____ Your Title _____
Employed From _____ To _____ Starting Salary _____ Ending Salary _____
Work Performed _____
Reason for leaving _____

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REFERENCES

Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made. I also understand that St. Charles is an at-will employer and, as such, both employer and employee may terminate employment at any time. FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT.

Applicant's Signature _____ **Date** _____

**ST CHARLES CARE CENTER, INC.
PREVIOUS EMPLOYMENT INQUIRY**

I _____ authorize the release of information regarding my
(Print name)
employment history to St. Charles Care Center, Inc.

_____ Date _____
(Signature)

Employer: _____ Contact Person: _____

Address: _____ Position: _____

_____ Phone number: _____

Applicant's Name _____
(At time of above employment)

Social Security No: _____

Was employed as _____ from _____ to _____
(Applicant's title)

***Applicant: Please complete to this line.**

Dear Employer:

Is the information that the applicant provided regarding position and dates of employment accurate?
Yes ____ No ____

If no, please correct: _____

Why did this individual leave your employ? _____

Is individual eligible for rehire? Yes ____ No ____

If no, please state reason(s) _____

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Please evaluate the applicant on the following characteristics:

	Above Average	Average	Below Average
Attendance/Punctuality			
Ability to get along with others			
Attitude			
Quality of Work			
Leadership skills			

Additional remarks:

Completed by: _____
(Print)

Date _____

Title: _____

Signature: _____

***Thank you for your assistance**

Return to:

St. Charles Care Center, Inc.
Attn. Human Resources
500 Farrell Dr.
Covington KY 41011
FAX (859) 578-2065