



**SPECIAL QUALIFICATIONS AND SKILL**

Can you type? \_\_\_\_\_ Estimated words per minute \_\_\_\_\_ Do you have word processing or computer programming skills? (please specify) \_\_\_\_\_

Other computer knowledge or experience: \_\_\_\_\_ Yes \_\_\_\_\_ No Specify: \_\_\_\_\_

Are you fluent in any foreign language? \_\_\_\_\_ If so, which one(s): \_\_\_\_\_

Do you know Sign Language? \_\_\_\_\_

Special license or certificate: \*\* \_\_\_\_\_ Expiration date of license or certificate: \_\_\_\_\_

Have you ever had loss of privileges or limitations placed upon, or voluntarily surrendered your professional license? \_\_\_\_\_  
If yes, why? \_\_\_\_\_

Name and address of state or licensing body: \_\_\_\_\_

Do you possess a current driver's license? \_\_\_\_\_ In what state are you licensed? \_\_\_\_\_

**\*\*A copy of license or certificate must be furnished before offer of employment.**

**Minimum 5 Year Employment History** (Please list most recent employer first; a resume is not acceptable to replace this information, but can be attached if necessary.)

| NAME AND ADDRESS OF EMPLOYER | DATES OF EMPLOYMENT |    | POSITION TITLE | SUPERVISOR NAME & BUS. PHONE # | FINAL SALARY | FULL/ PART TIME | REASON FOR LEAVING |
|------------------------------|---------------------|----|----------------|--------------------------------|--------------|-----------------|--------------------|
|                              | FROM                | TO |                |                                |              |                 |                    |
|                              |                     |    |                |                                |              |                 |                    |
|                              |                     |    |                |                                |              |                 |                    |
|                              |                     |    |                |                                |              |                 |                    |

May we contact your present employer? \_\_\_\_\_ Present employer's area code and telephone number: \_\_\_\_\_

Have you ever been discharged from a position? \_\_\_\_\_ If so, why? \_\_\_\_\_

**PROFESSIONAL REFERENCES** (Must be former supervisors and/or college professors and must be business phone numbers. No cell phone or home phone numbers please.)

Name \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ How long known? \_\_\_\_\_

Name \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ How long known? \_\_\_\_\_

Name \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ How long known? \_\_\_\_\_

Name \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ How long known? \_\_\_\_\_

**SPECIAL CONSIDERATIONS**

If there are any positions or types of positions for which you should not be considered or job duties you cannot perform in a reasonable manner, please describe.

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATIONS OF APPLICANT**

Have you ever been convicted, imprisoned or fined for a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, explain, giving date(s) and location(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I CERTIFY THAT ALL ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE, AND I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT IN THIS APPLICATION WILL BE SUFFICIENT GROUNDS OF REJECTION OF THE APPLICATION OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE AT ANY TIME HEREAFTER. I AGREE TO AND AUTHORIZE BLUEGRASS REGIONAL MENTAL HEALTH-MENTAL RETARDATION BOARD, INC./OR ITS AFFILIATED ORGANIZATIONS, TO COMPLETE A PRE-EMPLOYMENT DRUG SCREENING AND UNDERSTAND THAT A POSITIVE SCREENING MAY RESULT IN REJECTION OF THE APPLICATION. I FURTHER AUTHORIZE BLUEGRASS REGIONAL MENTAL HEALTH-MENTAL RETARDATION BOARD, INC./OR ITS AFFILIATED ORGANIZATIONS, TO COMPLETE ALL REQUIRED CRIMINAL RECORDS CHECKS (INCLUDING A NATIONWIDE CRIMINAL CHECK WITH INTELICORP), LICENSE VERIFICATIONS, AND A CREDIT CHECK IF I HAVE APPLIED TO A POSITION SUBJECT TO THIS REQUIREMENT. I UNDERSTAND THAT THE FINDINGS OF A RECORDS CHECK, OR DISCIPLINE OR INVESTIGATION OF A LICENSE, MAY BE GROUNDS FOR REJECTION OF APPLICATION OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE. I ALSO ACKNOWLEDGE AND AUTHORIZE THAT IF/WHEN I AM EMPLOYED AT BLUEGRASS, THAT PART OF MY EMPLOYMENT REQUIREMENTS COULD INCLUDE ANNUAL CRIMINAL RECORD CHECKS. I AUTHORIZE BLUEGRASS REGIONAL MENTAL HEALTH-MENTAL RETARDATION BOARD, INC./OR ITS AFFILIATED ORGANIZATIONS, TO MAKE ALL NECESSARY INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN, AND AUTHORIZE AND RELEASE FROM LIABILITY ANY AND ALL REFERENCES TO PROVIDE INFORMATION RELEVANT TO MY APPLICATION FOR EMPLOYMENT WITH BLUEGRASS REGIONAL MENTAL HEALTH-MENTAL RETARDATION BOARD, INC./OR ITS AFFILIATED ORGANIZATIONS.

**SIGNATURE OF APPLICANT**

**DATE**

**EMPLOYMENT ELIGIBILITY VERIFICATION FORM (Form I-9)**

The Form I-9 **MUST** be completed only by those applicants who are offered employment.

In addition, all forms used to verify identity and employment eligibility **MUST BE PHOTOCOPIED AND ATTACHED TO THE FORM.**