ARCADIA Communities*

GENERAL INFORMATION										
Name	Last:		First:			MI:		SSI#:		
Addros	Stroot		City				State:		Zip Code:	
Address Street: City: How long at address listed above?				Home telephone: ()						
How long at address listed above?yearsmonths Applying for what position?						Salary/Wage expected:				
Applying for:full timepart time						Are you willing to work any day shift(s), including				
	1 st shift		3 rd shift			nights, or overtime as assigned?YesNo				
Have you ever worked for Arcadia Communities before?YesNo If yes, explain:										
Are you age 18 or older?YesNo					Referra	5				
If not, do you have a work permit?YesNo			Source:	Source:AgencySchool						
If hired,	can you provide	proof that you			EmployeeWalk-in					
are eligible to work in the United States?YesNo			No		-	Job Fair Other	New Acqui	isition		
Have you ever lived outside of KY in the last 3 years?YesNo If yes, list address:										
Have you ever been convicted of a criminal offense?YesNoFor this type of employment,Have you ever been convicted of a felony?YesNoState Law requires a criminalAre there any felony charges pending against you?YesNorecord check as a conditionIf yes to either question, provide details including nature of the crime,of employment pursuant todates and location:KRS216.793(1).										
In order to verify your records, please list any other name(s) (i.e. maiden) by which you may have been known:										
EDUCA	TION & TRAINING	SINFORMATION	l							
!		School/L	School/Location		Degree		Cours	Course/Major		
High Sc	hool:									
College(s):										
Graduate School:										
Business/Vocation:										
Apprentice training or other course:										
LICENSES, CERTIFICATES, OR PROFESSIONAL MEMBERSHIPS: (Do not include your driver's license) REFERENCES Give the names of three persons to be used as work related references.										
Name Add		Address	ress Phone#		Occupation			Years Acquainted		

EIMPLOTIMENT HISTORY (Please begin Wit	h your most recent	employer. Attach additional	sheets if necessary.)			
1. Employer:		Hire Date:	Termination Date:			
Address:		Phone Number: ()				
Your job title:		Supervisor:				
Starting Pay Rate: \$ Final Pay Ra	te: \$	May we contact your employer:YesNo				
Describe work performed:		Reason for leaving:				
2. Employer:		Hire Date:	Termination Date:			
Address:		Phone Number: ()				
Your job title:		Supervisor:				
Starting Pay Rate: \$ Final Pay Ra	te: \$	May we contact your employer:YesNo				
Describe work performed:		Reason for leaving:				
3. Employer:		Hire Date:	Termination Date:			
Address:		Phone Number: ()				
Your job title:		Supervisor:				
Starting Pay Rate: \$ Final Pay Ra	te: \$	May we contact your employer:YesNo				
Describe work performed:		Reason for leaving:				
MILITARY INFORMATION						
Service branch:	Einal Danks					
	Final Rank:	Spec	cialty:			
Schools/special training received:		Spec	laity:			
Current obligations:		Spec	laity:			
Current obligations: CERTIFICATION & AGREEMENT						
Current obligations:	s (and/or any of its lid cord of convictions ir redit history, driving	censed agents) of information h state and local files for violatio record and scholastic records ar	eld by any parties regarding my previous ns of any federal, state, local statutes or nd hereby release said persons, schools,			
Current obligations: CERTIFICATION & AGREEMENT I authorize the release to Arcadia Communities employment, criminal history record and/or re ordinances, military records, medical records, or	s (and/or any of its lid cord of convictions ir redit history, driving w enforcement auth d on this application ovided on this applic	censed agents) of information he n state and local files for violatio record and scholastic records ar orities from any damage whatso is true and accurate. I understar	eld by any parties regarding my previous ns of any federal, state, local statutes or nd hereby release said persons, schools, sever for releasing this information. nd that misstatements, omissions, or			
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APPLICANT SHOULD NOT WRITE BELOW					
Interview by:	Date:				
Recommended action:					
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Recommended action:					