



**APPLICATION FOR EMPLOYMENT**

Please print or type all information except signature.

**Non-Discrimination Policy:** UK Health Associates, Inc. is committed to the principle of equal opportunity in employment. We do not discriminate based on sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

**GENERAL INFORMATION**

Position(s) Applied For (1) :

Date:

(2) :

Referral Source :

Friend

Relative

Employment Agency

UK Health Website

Internet Search

Walk-In

Other

**Name :**

Last Name

First Name

Middle

**Address :**

Number

Street

City

State

Zip Code

Home Telephone : (            )

Email Address :

Cell Phone : (            )

Social Security Number :

If under 18, can you provide a work permit?      Yes      No      If yes, give date:

Have you ever filed an application here before?      Yes      No      If yes, give date:

Are you currently employed?      Yes      No

If yes, may we contact your employer?      Yes      No

If hired, are you legally eligible for employment in the United States?      Yes      No

*(Proof of legal work status will be required upon employment)*

Employment desired:      Full-Time      Part-Time      Per Diem      Temporary

When are you available to start?





## WORK EXPERIENCE

Please list your work experience beginning with your most recent job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

### Most Recent Employer:

Address :

**Dates Employed**

From:

To:

Final pay rate:

Supervisor :

Work Performed :

Job Title :

Reason for Leaving :

### Employer:

Address :

**Dates Employed**

From:

To:

Final pay rate:

Supervisor :

Work Performed :

Job Title :

Reason for Leaving :



**WORK EXPERIENCE**

**Employer:**

Address :

**Dates Employed**

From:

To:

Final pay rate:

Supervisor :

Work Performed :

Job Title :

Reason for Leaving :

**Employer:**

Address :

**Dates Employed**

From:

To:

Final pay rate:

Supervisor :

Work Performed :

Job Title :

Reason for Leaving :

**UK HEALTH RELEASE OF INFORMATION (APPLICANT WILL SIGN & DATE)**

I, \_\_\_\_\_, authorize UK Health to make inquiries of my former employers regarding  
(Print your name)

my past employment record, including dates of employment, salary, performance evaluation, etc., for the purposes of assessing my qualifications for employment

SIGNATURE:

DATE:



**REFERENCES**

Please list two references other than relatives. Prior employers preferred

Name : \_\_\_\_\_ Position : \_\_\_\_\_  
Address : \_\_\_\_\_  
Company : \_\_\_\_\_ Telephone : ( \_\_\_\_\_ )

Name : \_\_\_\_\_ Position : \_\_\_\_\_  
Address : \_\_\_\_\_  
Company : \_\_\_\_\_ Telephone : ( \_\_\_\_\_ )

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**NOTIFICATION AND AUTHORIZATION TO REQUIRE A TUBERCULOSIS SCREENING**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the essential functions of the job. I further understand as a Health care employee I will be required to undergo a two-step Tuberculin skin testing by a PPD test or chest x-ray.

PLEASE SIGN HERE:

Date:



**Thank you for applying to UK Health Associates, Inc.**

**APPLICANT DATA RECORD**

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Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Positions(s) applied for :

Date :

Referral Source :

Friend

Relative

Walk-in

Internet Search

Employment Agency

UK Health website

Other :

**Name** Last Name :

First Name :

Middle :

Maiden :

**Address** Number :

Street :

City :

State :

Zip Code :

Telephone : (            )

<b>Affirmative Action Survey</b>	<b>Check one</b>	<b>Check one</b>	<b>Check any that apply</b>
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.	Male Female	White Black Hispanic American Indian/ Alaskan Native Asian/Pacific Islander	Disabled Vietnam Era Veteran Disabled Veteran



### APPLICANT DATA RECORD

**Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

**If you wish to be identified,** please sign below:

Disabled individual

Disabled Veteran

Vietnam Era Veteran

Signature :

Date :