



Commonwealth of Kentucky
 Cabinet for Health and Family Services
 Department for Aging and Independent Living &

PARTICIPANT DIRECTED SERVICES EMPLOYMENT APPLICATION

Participant/Employer Name: _____

Applicant Instructions

1. Please print answers to all questions;
2. A resume will not be accepted in lieu of this application;
3. Proof of eligibility to work in the United States must be submitted prior to employment;
4. Registry and/or background checks must be completed prior to employment; and
5. Any false statements and/or omissions may result in a rejection of this application and/or removal from employment after hire.

Personal Information

Last Name	First Name	Middle Name
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Date of Birth	SSN #	Telephone #
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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If you have not lived in Kentucky within the past year, please provide a previous address:

Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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- If required to transport, can you provide proof of valid Liability Vehicle insurance? Yes No
- Can you lift more than 50lbs while standing? Yes No
- Are you legally eligible for employment in the United States? Yes No
- Have you ever been arrested or convicted of a criminal offense? Yes No

If yes, please describe. *Please note that an affirmative answer will not automatically disqualify you from being considered as a candidate for employment.*

What is your relationship to the participant/employer? _____

Certification/Education

Are you currently certified in CPR/ First Aid? Yes No

If yes, please provide case management agency with documentation.

Please list any other certifications relevant to the position: _____

Please list highest level of education completed: _____

Work Experience

Do you have experience as a caregiver? Yes No

If yes, please describe.

Are you currently employed? Yes No

Company Name	Supervisor Name	Telephone #
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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Start Date	Schedule (Days & Hours Working)
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Please list any job history relative to the position, beginning with the most recent.

1) _____

Company Name	Supervisor Name	Telephone #
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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Start Date (Month/Year)	End Date (Month/Year)	Reason(s) for Leaving
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2) _____

Company Name	Supervisor Name	Telephone #
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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Start Date (Month/Year)	End Date (Month/Year)	Reason(s) for Leaving
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3) _____

Company Name	Supervisor Name	Telephone #
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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Start Date (Month/Year)	End Date (Month/Year)	Reason(s) for Leaving
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References

- 1) _____

Full Name	Occupation	Telephone #
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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2) _____

Full Name	Occupation	Telephone #
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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3) _____

Full Name	Occupation	Telephone #
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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Emergency Contacts

- 1) _____

Full Name	Relationship	Telephone #
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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2) _____

Full Name	Relationship	Telephone #
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Street Address (Including Apt. # or P.O. Box #)	City	State	Zip Code
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I certify that the information provided within this employment application is true and correct to the best of my knowledge.

Signature

Date