

# The Infinity Center-Frankfort

## APPLICATION FOR EMPLOYMENT

83 C. Michael Davenport Blvd  
Suite C  
POBox 4307  
Frankfort, KY 40604  
502-352-2300

- It is the policy of The Infinity Center-Frankfort to provide employment opportunities without regard to race, color, religion, sex, national origin, age, marital status, handicap or disability.
- This application is to be active for a period of 60 days only. Applicant must reapply after 60 days to keep application active.

NAME: LAST		FIRST	MIDDLE
STREET ADDRESS			SOCIAL SECURITY NUMBER
CITY	STATE	ZIP CODE	If you have lived at the above address less than 12 months, list previous address:
HOME TELEPHONE	WORK TELEPHONE		
		(STREET)	(CITY) (STATE)
Do you have adequate means of transportation to get to work on time each day and when called in on short notice during office hours? YES NO		Are you at least 18 years old? YES NO	

The Infinity Center-Frankfort is a Drug-Free Workplace. All applicants considered final candidates for a position will be tested for the presence of drugs as part of the application process. Any applicant who refuses to submit to the pre-employment drug test will be ineligible for hire.

Have you ever been convicted of a crime? YES NO

If yes, please give the details of your conviction, including date, location and nature of conviction. Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time and rehabilitation will be taken into account in determining the effect of suitability for employment.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been excluded by the Office of Inspector General from participating in or furnishing federal program beneficiaries items or services? YES NO

Date you can begin work: \_\_\_\_\_ Would you accept part-time work? YES NO

Special skills you possess (include any special skills from military service):

POSITION CHOICE(S)

EDUCATION	NAME OF SCHOOL & LOCATION (CITY & STATE)	MAJOR / MINOR	GPA / SCALE
CIRCLE HIGHEST GRADE COMPLETED			
High School 9 10 11 12			
College or University 1 2 3 4			
Vocational School Business School			
Nursing School			
Other Training or Graduate School			

**PROFESSIONAL LICENSES AND CERTIFICATIONS (If you are licensed in your particular field, please answer)**

TYPE OF LICENSE	LICENSE NUMBER	ISSUING STATE	RENEWAL NUMBER	RENEWAL DATE

**EMPLOYMENT HISTORY**

LIST ALL PREVIOUS EMPLOYERS FOR WHOM YOU HAVE WORKED DURING THE LAST FIVE YEARS AND ANY OTHER EMPLOYMENT WHICH REFLECTS EXPERIENCE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING. EXPLAIN ANY LAPSES BETWEEN TIMES WHEN EMPLOYED. LIST MOST RECENT JOB FIRST. PLEASE ATTACH A CURRENT RESUME IF AVAILABLE.

COMPANY	POSITION & DUTIES	
ADDRESS (INCLUDE CITY & STATE)		
PHONE	IMMEDIATE SUPERVISOR	
FROM TO (DATES)	LAST SALARY	REASON FOR LEAVING
COMPANY	POSITION & DUTIES	
ADDRESS (INCLUDE CITY & STATE)		
PHONE	IMMEDIATE SUPERVISOR	
FROM TO (DATES)	LAST SALARY	REASON FOR LEAVING
COMPANY	POSITION & DUTIES	
ADDRESS (INCLUDE CITY & STATE)		
PHONE	IMMEDIATE SUPERVISOR	
FROM TO (DATES)	LAST SALARY	REASON FOR LEAVING
COMPANY	POSITION & DUTIES	
ADDRESS (INCLUDE CITY & STATE)		
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FROM TO (DATES)	LAST SALARY	REASON FOR LEAVING
COMPANY	POSITION & DUTIES	
ADDRESS (INCLUDE CITY & STATE)		
PHONE	IMMEDIATE SUPERVISOR	
FROM TO (DATES)	LAST SALARY	REASON FOR LEAVING

COMMENT REGARDING LAPSES, IF APPLICABLE \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM A JOB OR FORCED TO RESIGN?  YES  NO

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of The Infinity Center-Frankfort current policies.

I understand that The Infinity Center-Frankfort reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or brief cases) or parcels brought into or taken out of Medical Center Clinic. I understand that refusal to submit to a urinalysis, blood test, or search, when requested to do so, may result in termination of my employment.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE INFINITY CENTER-FRANKFORT, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE INFINITY CENTER-FRANKFORT, WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITH-OUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE EXECUTIVE DIRECTOR OF THE INFINITY CENTER-FRANKFORT.

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 (SIGNATURE)