



SLEEP CENTER OF KENTUCKIANA

7926 Preston Hwy. Suite 200
 Louisville, KY 40219
 Tel: (502) 964-2440
 Fax: (866) 845-0491
 www.KentuckySleep.com

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
 QUESTIONNAIRE EQUAL
 OPPORTUNITY EMPLOYER

DATE: Thursday, August 08, 2013

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. ____	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:
	SALARY DESIRED:
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE? WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			



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GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN



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AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for my dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____

Name: _____

SIGNATURE _____

INTERVIEWED BY _____ DATE _____

-----DO NOT WRITE BELOW THIS LINE-----

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES



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Applicant Consent Form for Pre-Employment Screening Investigation & Specific Release

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true, and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment/lease.

In consideration of Sleep Center of Kentuckiana's (herein referred to as **EMPLOYER**) review of my application for employment, I hereby voluntarily consent to and authorize **EMPLOYER**, or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any of the following:

- Employment Verification, Education Verification, Credentials Verification
- Personal Identity Verifications, Past Employment Verification, Reference Checks
- Criminal Records, Civil Cases, Motor Vehicle Records, Credit Report

I authorize all persons and organizations that may have information relevant to this research to disclose such information to **EMPLOYER** or its authorized agents. I hereby release **EMPLOYER**, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act ('FCRA') and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act and was informed to read the entire (FCRA) Fair Credit Reporting Act posted on the Sleep Center of Kentuckiana home page on the web and under job opportunities.

Signature of Applicant

Date

Printed Name

Date of birth

Social Security number

Drivers license number # and State of issue



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Dear

The person identified below is being considered for employment and has signed a statement authorizing this verification and investigation. We would appreciate a statement of your opinions and experiences as outlined below. Your reply will be considered confidential.

Name of Applicant

Social Security Number

Dates of Claimed Employment

Position Last Held

Final Rate of Pay

Is the above information correct? Yes _____ No _____
If not please make corrections.

What is your opinion as to this person's

Ability _____ Effort _____

Conduct _____ Attendance _____

Reason for leaving your employ _____

Eligible for rehire? Yes _____ No _____ If not, why? _____

Your further comments on any personal or professional strength and weaknesses will be appreciated. _____

Date _____ Signed _____ Title _____