

**Grayson Nursing & Rehabilitation**  
**Application for Employment**  
**Equal Opportunity Employer**

Please answer all questions accurately and completely. Any falsification on this application will be grounds for the facility to deny employment or grounds for the termination of employment.

Conviction records, as mandated by House Bill 528, will be checked. Continuation of employment is based on the results of these findings.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell Phone #:** (\_\_\_\_\_) \_\_\_\_\_ **Home Phone #:** (\_\_\_\_\_) \_\_\_\_\_

Please check below, the position in which you are applying:

Registered Nurse \_\_\_\_\_ LPN \_\_\_\_\_ SRNA \_\_\_\_\_ CMA \_\_\_\_\_

SRNA Classes \_\_\_\_\_ Geri Aide \_\_\_\_\_ Dietary \_\_\_\_\_ Housekeeping \_\_\_\_\_

Laundry \_\_\_\_\_ Activities/Transportation \_\_\_\_\_ Maintenance \_\_\_\_\_ Other \_\_\_\_\_

If you selected other, please explain: \_\_\_\_\_

Shift Preference: \_\_\_\_\_

Have you ever worked at Grayson Nursing & Rehab? \_\_\_\_\_

If so, when? \_\_\_\_\_ What Department? \_\_\_\_\_

Do you have any family employed here? \_\_\_\_\_

If so, who? \_\_\_\_\_ What Department? \_\_\_\_\_

**Have you ever been convicted of a felony?** \_\_\_\_\_

List here, any special training, education and experience in the type of work for which you have applied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applying for a State Registered Nurse Aide, have you ever taken the Medicaid Nurse Aide test and passed the competency test? \_\_\_\_\_

If yes, list the state where registered: \_\_\_\_\_ Date Registered: \_\_\_\_\_

**Please list all previous work experience:**

Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your present/previous employer for references? \_\_\_\_\_

When would you be available for employment? \_\_\_\_\_

Please give the names and phone numbers of three people whom we may contact for references: **(NO RELATIVES)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I understand that Grayson Nursing & Rehab operates on a 24 hour continuous basis. I, as an employee, am not guaranteed any particular shift and have not been told I will get holidays or weekends off. I acknowledge by signing below that my physical condition is good and I am free of communicable diseases. I understand that if hired I will be subject to a drug test. I acknowledge that I will receive information about the Hepatitis B Vaccine so as to determine my risk and contraindications, realizing that the Hepatitis B Vaccine is recommended for health care providers. The decision is mine and any questions regarding my decision to receive or refuse the vaccine will be directed to my own physician. **I also certify that I am physically and mentally capable of performing the duties specified within my job description for which I am applying, to include the unassisted lifting and moving of 50-100 pounds.**

I understand that Grayson Nursing & Rehab utilizes electronic deposit and I will be required to have an open checking or savings account upon my first day of employment and I will turn in the required banking information during orientation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



REQUEST FOR CONVICTION RECORDS - EMPLOYMENT/PROFESSIONAL LICENSE

Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

**Grayson Nursing & Rehabilitation 505 William Thomason Byway Leitchfield, KY 42754**

Agency/Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I am requesting that the Kentucky State Police provide the above named agency/organization with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: \_\_\_\_\_  
First Middle Last Maiden

ADDRESS: \_\_\_\_\_  
Street City State Zip

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOC SEC NO: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

INSTRUCTIONS:

Requesting agencies/organizations should ensure that all application information is completed.

Requesting agencies/organizations should forward a check or money order made payable to the Kentucky State Treasurer in the amount of \$20.00 for each submitted form. Requests should be accompanied by two, self-addressed stamped envelopes - one bearing the name and address of the requesting agency/organization and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police  
Criminal Identifications and Records Branch  
Criminal Records Dissemination Section  
1266 Louisville Road  
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>

Revised 10/08

035-E