



Path Forward of Kentucky, INC.

707 Executive Park
Louisville, KY 40207
Phone: 502-451-2565
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What is a Supports for Community Living (SCL)/Michelle Phillips Waiver (MPW)/Acquired Brain Injury (ABI) Service Provider:

SCL/MPW/ABI providers include regional comprehensive care centers along with public and private human services agencies across the state. These providers are reviewed and certified by the Department for Behavioral Health, Developmental and Intellectual Disabilities at least annually, in accordance with the standards and requirements set forth by the Kentucky Department for Medicaid Services. SCL/MPW/ABI providers are continuously monitored to maintain quality of supports. All providers have agreed to provide services according to the best practice accepted by their professional organization and to provide services in compliance with federal and state statutes regardless of age, color, creed, disability, ethnicity, gender, marital status, national origin, race, religion, or sexual orientation.

Today's Date _____

IDENTIFICATION:

PLEASE PRINT

Name: (First, Middle, Last)		Known By any other names: (maiden names, changes)	
Email address:		Telephone:	
Present Address: (No P.O. Boxes)			Years There
How Did You Hear About Us? If Referred By Current Staff, Please List Their Name.			Position Applied For:
Date Available to Start:	Days Available/Times Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____		

EDUCATION:

Institution Name & Location	Graduated		Degree Received	Major/Minor Field
	Yes	No		
High School Name/Location:				
College Name/Location				
Are you currently attending school? _____ Yes _____ No			What is your schedule?	

Path Forward of Kentucky is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Path Forward of Kentucky complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Path Forward of Kentucky also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

EMERGENCY CONTACT:

Name:	Address:	Phone:	Relationship:
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EMPLOYMENT HISTORY: List work history from the last 7 years (Start with most recent and work backwards)

Employer's Name:			Your Position or title:	
Street Address:			Supervisor's Name:	
City:		State:	Zip Code:	Telephone Number:
From:	To:	May We Contact Employer?		Reason For Leaving?
____/____ Month Year	____/____ Month Year	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List Major Duties Performed:				

Employer's Name:			Your Position or title:	
Street Address:			Supervisor's Name:	
City:		State:	Zip Code:	Telephone Number:
From:	To:	May We Contact Employer?		Reason For Leaving?
____/____ Month Year	____/____ Month Year	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List Major Duties Performed:				

Employer's Name:			Your Position or title:
Street Address:			Supervisor's Name:
City:	State:	Zip Code:	Telephone Number:
From: ____/____ Month Year	To: ____/____ Month Year	May We Contact Employer? ___ Yes ___ No	Reason For Leaving?
List Major Duties Performed:			

Employer's Name:			Your Position or title:
Street Address:			Supervisor's Name:
City:	State:	Zip Code:	Telephone Number:
From: ____/____ Month Year	To: ____/____ Month Year	May We Contact Employer? ___ Yes ___ No	Reason For Leaving?
List Major Duties Performed:			

REFERENCES: (List 3 people who are not relatives)

NAME	YEARS KNOWN	EMAIL	PHONE NUMBER

GENERAL INFORMATION: (Please circle the correct answer)

- Are you authorized to work in the United States? YES NO
- Are you age 18 or older? YES NO
- Do you have a valid driver's license? YES NO
- Do you have reliable transportation? YES NO
- Are you willing to submit to a random drug screening? YES NO
- Have you ever been convicted of a criminal violation? YES NO

**If yes, please explain: A conviction will not necessarily bar you from employment/or contract
As each conviction will be assessed with respect to time, circumstances, and seriousness.*

- Have you **LIVED** or **WORKED** outside of Kentucky within the last year? YES NO

**If yes, an out-of-state criminal background check will need to be run. Please provide the
address (s) of where you **LIVED** or **WORKED** below.*

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment/contract, or, if employed/contracted, termination from the Company's employ.

I understand that this application is not an employment contract between Path Forward of Kentucky and me, and that in the event I am hired, my employment/contract will be "at will" and either Path Forward of Kentucky or I can terminate my employment/contract with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by Path Forward of Kentucky to its employees is intended to or can create an employment contract, an offer of employment or any obligation on Path Forward of Kentucky's part. Path Forward of Kentucky may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

SIGNATURE

DATE