

**Empowerment Solutions, Inc.**  
**Employment Application**

Full Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Full-Time / Part-Time / PRN: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Availability:

Days  Nights  Weekends  Holidays  Flexible  On-Call

Education:

Highest Level Completed: \_\_\_\_\_ School/Institution: \_\_\_\_\_

Degree/Area of Study: \_\_\_\_\_

Work Experience

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

#### References

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Certifications & Licenses:

Driver's License  CPR/First Aid  Medication Administration  Other: \_\_\_\_\_

#### Transportation:

Reliable Transportation?  Yes  No Valid Driver's License?  Yes  No

#### Background & Registry Checks (1915(i) Compliance)

I understand that employment with Empowerment Solutions, Inc. is contingent upon successful completion of all required background checks and registry clearances in accordance with Kentucky Medicaid and 1915(i) RISE regulations.

I hereby authorize Empowerment Solutions, Inc. to conduct all required background, registry, and verification checks as required for employment in Medicaid-funded services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_