

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: _____