



225 Abraham Flexner Way
 Louisville, KY 40202 (502) 561-4263

APPLICATION FOR EMPLOYMENT

Kleinert Institute is an Affirmative Action Employer, and it is our policy to afford equal opportunity to all employees and applicants. We comply with all Federal, State and Local regulations as they pertain to Affirmative Action and Equal Employment Opportunity.

Applicant Name (Please give complete name)			Social Security Number	
Last	First	MI		
Present street address, city, state, zip			Home Phone ()	

County of Residence:

Position for which you are applying	Type Position: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary Requirements	Date Available for Work	If you are not a U.S. citizen, have you the legal right to remain permanently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked at Kleinert Institute? <input type="checkbox"/> Yes <input type="checkbox"/> No	What are your career goals?
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Specifically, what prompted your application to Kleinert Institute?	Referred by:
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Have you ever been convicted of a felony? (A conviction does not automatically prevent you from being considered. The nature of the convicted offense and how long ago it occurred are important. Give all the facts so a decision can be made.)
 Yes No If YES, please explain:

A background check is required for employment. Please supply localities (county and state) where you resided the last five years:

EDUCATIONAL HISTORY

Type of School	Name of School Location	Check Last Year Completed in School	Diploma, Certificate or Degree
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
G.E.D.			
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Other			

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race/color, national origin, religion, sex or handicap.	Other names by which you may have been identified in relevant employment or academic records:
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List any professional licenses you possess. Indicate type of license, license number and state:

(Continued on back)

WORK HISTORY

Name of Company (Most Recent)	Complete Street Address	City, State, Zip		Phone Number ()
Supervisor's Name	Position Held	Starting Salary Per hr/wk/mo	Date Started - Ended	Ending Salary Per hr/wk/mo
Personal Reference Name	OK to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		

Name of Company (2 nd Most Recent)	Complete Street Address	City, State, Zip		Phone Number ()
Supervisor's Name	Position Held	Starting Salary Per hr/wk/mo	Date Started - Ended	Ending Salary Per hr/wk/mo
Personal Reference Name	OK to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		

Name of Company (3 rd Most Recent)	Complete Street Address	City, State, Zip		Phone Number ()
Supervisor's Name	Position Held	Starting Salary Per hr/wk/mo	Date Started - Ended	Ending Salary Per hr/wk/mo
Personal Reference Name	OK to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		

U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:
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STATEMENT OF APPLICANT (PLEASE READ CAREFULLY)

In applying for employment, I want Kleinert Institute to be fully informed of my previous record, and I hereby authorize Kleinert Institute to investigate my background and to obtain any and all information regarding me. I hereby release all persons, schools, companies, corporations, military and government agencies, credit bureaus and law enforcement agencies from any liability in furnishing such information.

I fully understand that any misrepresentation of facts on this application shall be sufficient cause for dismissal in the event I am hired, or shall be sufficient cause for the preclusion of further consideration of my application prior to being hired. I understand that any offer of employment shall be subject to a reference check. I agree to abide by the policies, procedures and practice of Kleinert Institute. I understand that this employment relationship is "at will" and may be terminated by either party at any time.

RELEASE

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

 Applicant Signature

Date