



NEW PATHWAYS FOR CHILDREN, Inc.
APPLICATION FOR EMPLOYMENT

The following information is required in order to help the NPFC, Inc. make the best possible selection of a candidate for employment. All portions of this application must be completed. We appreciate the time you spend in filling in the application form. NPFC, Inc., in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, or disability.

PERSONAL DATA
NAME: 1(LAST) 2(FIRST) 3(MIDDLE) SOCIAL SECURITY NUMBER
DL #: State:
ADDRESS: 5(STREET) 6(CITY) 7(STATE) 8(ZIP) TELEPHONE NUMBER
ALTERNATE NUMBER
U.S. Citizen Yes No
POSITION(S) APPLIED FOR: Date you can start:

EDUCATION
HIGH SCHOOL OR GENERAL EQUIVALENCY DEGREE
School City State Year
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL
School City State Year
Area of Concentration: Major: Minor:

UNDERGRADUATE
College Years of Attendance Degree
Area of Concentration: Major: Minor:

MASTER'S DEGREE OR POST-GRADUATE EDUCATION
College/University Years of Attendance Degree
Area of Concentration: Major: Minor:

If you do not have a Master's Degree, are you presently enrolled in a Post-Graduate Program? Yes No

College/University: Expected graduation date:

List the College/University activities that you participated in and the honors you received:

OTHER TRAINING

Please list other training or workshops completed in the last five (5) years. _____

Military Service: _____ Rank: _____

Discharge Date: _____ Reserve Commitment: _____

Foreign Language Proficiency: Language: _____ (Circle One) Speak: Poor Fair Good Excellent

Understand: Poor Fair Good Excellent Read: Poor Fair Good Excellent Write: Poor Fair Good Excellent

PRIOR EXPERIENCE (Begin with most recent)

(1) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities _____

Reason for Leaving: _____

(2) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities _____

Reason for Leaving: _____

(3) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities _____

Reason for Leaving: _____

(4) _____
Company/Organization (mm/yy – mm/yy) (Name of Supervisor)

(Street Address) (City) (State) (Zip)
Duties and responsibilities _____

Reason for Leaving: _____

LICENSURE/CERTIFICATION

Are you certified or licensed in Kentucky? _____ Yes _____ No

If you are not presently licensed/certified:
in Kentucky.

(a) How many years have you been certified or licensed in Kentucky? _____

(a) When do you anticipate licensure/
certification? _____

(b) List Kentucky Licenses/Certificates presently held:

(b) Type of licensure/certification
Expected: _____

(c) Will additional course work be
required? _____

EXTRACURRICULAR ACTIVITIES

List the community and service activities that you have been active with in the last five (5) years:

BACKGROUND INFORMATION

NPFC requires a thorough background check and may require finger printing to promote client and employee safety, and to meet a variety of external requirements. A conviction or founded report of abuse/neglect will not automatically disqualify an applicant for consideration unless it is one for which employment is prohibited by State or Federal law or regulation including DUI, but excluding minor traffic violations such as speeding, etc. All employees will be required to have background verification and be subject to random drug testing. State whether or not you have been convicted of a crime: (applicants are not obligated to disclose sealed or expunged records of conviction or arrest) _____. If yes, specify:

| Type of offense | When | County & State |
|-----------------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If you have a criminal record (a conviction), please explain:

Are you currently under any court supervision? Please explain:

Have you ever had a founded report of abuse/neglect? If yes, specify: _____

Have you ever used another name? _____ Yes _____ No Maiden Name: _____

Any other name(s) used: _____

In Case of Emergency, please contact: (1) Name: _____ Phone: _____

Relationship: _____ Address: _____

(2) Name: _____ Phone: _____

Relationship: _____ Address: _____

ANY KNOWN ALLERGIES: (Food, medicine, etc.) _____

REFERENCES

Name _____ Title _____

Address _____ Phone No. _____

Relationship _____ Years Acquainted _____

Relationship _____

Name _____ Title _____

Address _____ Phone No. _____

Relationship _____ Years Acquainted _____

Relationship _____

Name _____ Title _____

Address _____ Phone No. _____

Relationship _____ Years Acquainted _____

Relationship _____

NPFC reserves the right to confer with persons listed by you as a reference, or with any other individuals, with knowledge concerning your total qualifications for the position. NPFC will not inquire into your financial status, marital status, or on other-matters unrelated to your qualifications to fill the position for which you applied. However, NPFC is a faith-based agency and as such reserves the right to ensure that employees exemplify personal qualities consistent with its mission. Information received from such inquiries will be used solely for determining your employability with NPFC and for no other purpose. This information will not be shared with anyone other than those NPFC representatives involved in the selection process. Unless you are willing to authorize NPFC to check references, your application will not be considered.

I hereby consent to having NPFC contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me.

_____ Date

_____ Signature

Because of my existing employment, I request that such contacts and inquiries be delayed until after _____

_____ Date

_____ Signature

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you have withheld nothing that would affect this application unfavorably. By signing your name below, you acknowledge that you understand that misrepresentations, or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired.

_____ Date

_____ Signature

FOR OFFICIAL USE ONLY

Office Use Only: _____ U.S. W-4 Form _____ KY W-4 Form _____ I-9 Form
_____ CRC _____ CAN _____ TB Test Results _____ DCBS Affidavit _____ SAR

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATIONS REQUIRE A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT. KENTUCKY ADMINISTRATIVE REGULATIONS MAY BE FOUND ON THE INTERNET AT <http://www.lrc.ky.gov/kar/titles.htm>. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

Day Care Related Categories

- Day Care Center Employee or Volunteer (Required by 922 KAR 2:090)
- Applicant for Day Care Center Licensure (Required by 922 KAR 2:090)
- Registered Child Care Provider Applicant (Required by 922 KAR 2:180)

Other Categories

- Foster/Adoption/Independent Living Agency Employee (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency/Wilderness)
- IMPACT-PLUS Subcontractor (Required by 907 KAR 3:030)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname) (last)

Sex: ___ Race: _____ Date of Birth: _____ Social Security #: _____

Date of Initial Hire: _____

Present Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Previous Address: _____

City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



CENTRAL REGISTRY CHECK

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will **NOT** be processed without payment. Mail check or money order to:

The Cabinet for Health and Family Services
DCBS/Division of Child Care
275 East Main St., 3C-F
Frankfort, Kentucky 40621

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and provide the results of the check to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check Date

Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet to disclose additional information regarding a substantiated finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

NAME OF EMPLOYER/AGENCY: New Pathways for Children
ADDRESS: P. O. Box 10 **CITY:** Melber,
STATE: Kentucky **ZIP:** 42069 **PHONE:** 270-674-6061

RESULTS OF CHILD ABUSE OR NEGLECT CHECK **[FOR OFFICIAL USE ONLY]**

- No reportable incident found in accordance with 922 KAR 1:470.
- Substantiated child abuse found on the registry Date of substantiated finding: _____
- Substantiated child neglect found on the registry Date of substantiated finding: _____

CHECK CONDUCTED ON _____ **BY** _____

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$20.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$20.00 fee (**check or money order**).

Criminal Justice Agencies

Criminal Justice Agencies do receive a waiver of fees for requests that are for criminal justice purposes.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

* ALL INFORMATION BELOW IS REQUIRED.

Individual's Signature

New Pathways For Children

Company

Linda Turner

Requestor/Contact Person

P.O. Box 10

Address

Melber KY 42069

City, State, Zip

Date

E-mail address

270-674-6061

Telephone Number

Please denote which purpose applies to this request:

Employment

Criminal Investigation

Screening Housing Applicants

Volunteer/Care over Juvenile

Licensing

Other (please explain) _____

**NEW PATHWAYS FOR CHILDREN
AUTHORIZATION TO OBTAIN RELEASE OF INFORMATION
Employees/Volunteers**

Pursuant to federal and state guidelines concerning my rights to confidentiality,

Name _____ Date of Birth _____ SS # _____
Address _____ City _____ St _____ Zip _____

I hereby authorize New Pathways for Children, P.O. Box 10, Melber, KY 42069-0010, to obtain release of the following.

- 1. Child abuse check
- 2. Sex offender check
- 3. Police and arrest records
- 4. Other _____
- 5. Other _____
- 6. Other _____
- 7. Other _____

(Must be stated or put N/A)

I understand that I may revoke this consent at any time. I also understand that any release of information which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality. This release will expire on _____ or one year from the date signed.

I also give New Pathways For Children permission to verify the credentials that I have presented, such as: driver's license, car insurance, DMV record, educational, and/or other professional license/certificates.

Signed _____ Date _____