

Baryeh Homecare Solutions

Employment Application Form

Personal Information

Full Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____

Email Address: _____

Social Security Number or Work Permit #: _____

Position Information

Title/Position Applied For: _____

Hire Date: _____

Date of Independent Functioning: _____

Background Checks (KY Regulations Compliance)

Criminal Record Check (AOC) or KARES (prior to hire): ☐ Yes ☐ No

Central Registry Check (CAN) or KARES for KY (within 30 days of hire): ☐ Yes ☐ No

Caregiver Misconduct Registry or KARES for KY (prior to hire): ☐ Yes ☐ No

Nurse Aide Registry Check or KARES for KY (prior to hire): ☐ Yes ☐ No

Lived or worked outside of KY within past 12 months? ☐ Yes ☐ No

If yes, were out-of-state background checks completed? ☐ Yes ☐ No

Health and Safety Compliance

Drug Screen (prior to hire): ☐ Yes ☐ No

TB Risk Assessment or TB Test (within 30 days of hire): ☐ Yes ☐ No

Licensing and Identification

Current Driver's License #: _____

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State of Issuance: ____ Expiration Date: _____

Current Vehicle Liability Insurance: ☐ Yes ☐ No ☐ N/A

Proof of Current Professional Licensure/Certification (if applicable): ☐ Attached ☐ N/A

Proof of Education (Diploma, Degree, or Certification): ☐ Yes ☐ No

Employment History (Past 5 Years)

(Include Support Employment and DSP Experience)

Employer Name | Position | Dates of Employment | Supervisor Name & Contact | Reason for Leaving

Professional References (Minimum of 3 Required)

Name | Relationship | Company | Phone Number | Email Address

Additional Documents

Signed Job Description: ☐ Attached

Completed Agency Orientation Checklist: ☐ Completed

Consent for Background Checks

I hereby authorize Baryeh Homecare Solutions and its designated agents to conduct a full investigation into my background including:

- Criminal Record Check (AOC or KARES)
- Central Registry Check (CAN or KARES)
- Caregiver Misconduct Registry or KARES
- Nurse Aide Registry Check or KARES
- Out-of-State Background Checks (if applicable)

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- Drug Screening
- TB Risk Assessment or Testing

I understand that this information will be used to determine my eligibility for employment and that all information will remain confidential.

Signature: _____ Date: _____

Applicant Certification

I certify that all information provided on this application is true and complete. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts may be cause for rejection or termination of employment.

Signature: _____ Date: _____

For Office Use Only

Interviewed by: _____

Interview Date: _____

Application Reviewed By: _____

Hire Approved: [] Yes [] No Start Date: _____