



ZOOM GROUP

**COMPLETED APPLICATIONS MAY BE FAXED OR MAILED TO:
ZOOM GROUP, ATTN: DIRECTOR OF OPERATIONS, 410 WEST CHESTNUT STREET,
SUITE 900, LOUISVILLE, KY 40202, (502) 581-9520 FAX**

Employment Application prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, Sexual Orientation, handicap or veteran status.

APPLICANT INFORMATION			
First Name:	Last:	M.I.	Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Date Available:	Social Security No:	Desired Salary:	
Full time: Yes _____ No _____	Part-Time: Yes _____ No _____		
Position Applied for:			
Have you ever applied for employment with this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a Crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION	
High School:	City:
Course of Study:	
College:	City:
Course of Study:	
Business/Trade/Technical:	City:
Course of Study:	

REFERENCES	
<i>Please list three personal references.</i>	
Full Name	Relationship
Years Acquainted	Phone ()
Address	
Full Name	Relationship
Years Acquainted	Phone ()
Address	
Full Name	Relationship
Years Acquainted	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company: Phone: ()

Address: Supervisor:

Job Title: Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Company: Phone: ()

Address: Supervisor:

Job Title: Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Company: Phone: ()

Address: Supervisor:

Job Title: Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

MILITARY SERVICEBranch: From:
To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

If required by your position, can you provide a valid state drivers license, acceptable motor vehicle record, proof of insurance and

A satisfactory vehicle for transportation of clients and yourself? Yes _____
No _____

The following is a list of duties performed by employees of Zoom Group. This list is not exhaustive, but illustrates the type of duties performed. Can you perform these duties?

1. Prolonged standing or sitting
Yes ___ No ___

2. Lifting (Often over 25 lbs.)
Yes ___ No ___

3. Stabilizing and maneuvering heavy equipment. (laundry carts, floor
stripper/ waxier, dish bus carts, etc)
Yes ___ No ___

4. Making beds
Yes ___ No ___

5. Vacuuming floors
Yes ___ No ___

6. Pushing brooms and mops
Yes ___ No ___

7. Bending, stooping, and turning
Yes ___ No ___

8. Carrying large storage containers of dishes and utensils
Yes ___ No ___

9. Walking
Yes ___ No ___

10. Completing paperwork
Yes ___ No ___

11. Using a telephone
Yes ___ No ___

12. Working flexible, sometimes unpredictable schedules which may include
Yes ___ No ___
early morning, evenings, weekend and holiday hours

13. Reaching overhead
Yes ___ No ___

14. Moving and lifting people in and out of wheelchairs
Yes ___ No ___

15. Good Balance
Yes ___ No ___

16. Pushing wheelchairs, dish carts, laundry bins etc.
Yes ___ No ___

17. Personal care
Yes ___ No ___

18. Using hands/arms/feet for repetitive action
Yes ___ No ___

19. Working in environments where temperature is not well regulated
Yes ___ No ___

20. Working outdoors
Yes ___ No ___

21. Working with mild chemicals (solvents, cleaning supplies)
Yes ___ No ___

22. Climbing stairs
Yes ___ No ___

23. Fast walk or run
Yes ___ No ___

Please make comment on any marked "NO" below including any accommodation that we can provide to enable you to perform the specific job duties.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

ZOOM GROUP
RELEASE OF INFORMATION

This release of information is provided as part of my application for employment with Zoom Group

Name: _____

Address: _____

Social Security
Number: _____

This authorizes Zoom Group to make all necessary investigations and authorizes and requests each person given as reference to provide all information that may be sought in connection with this application or concerning me, my work habits, character, or my action in any transaction

Signature of Individual

Date

Signature of Witness

Date

REFERENCE CHECK (FOR ZOOM GROUP USE ONLY)

Date	PERSON CONTACTED	REMARKS

APPLICANTS NAME _____