

714 W Main St, SUITE 203

MURFREESBORO, TN 37129

TEL (615) 410-7031

· APPLICATION FOR EMPLOYMENT

(Fill out in its entirety)

DATE OF APPLICATION: \_

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Middle Initial |
| Maiden Name (If Applicable) | Social Security Number |
| Present Address (Street Number) | City, State Zip Code |
| Home Phone # | Cell Phone # | Emergency Phone # | Email address: |
| Have you ever worked for us before? □ Yes □ No | Are you at least age 18? □ Yes □ No |
|  Are you eligible to work in the United States? □ Yes □ No | If hired, would you be able to present proof of your legal right to workin the United States? □ Yes D No |

you employed now? □ Yes □ No I Why do you desire a change? Please circle gender Male Female

Position Applied for? How soon can you report for work?

 Type: □FT □PT □Temp I Days you can work (Circle) M T W Th F Sa Su I Shifts you can work (Circle): 1st 2nd 3rd

Indicate what current certifications/ training you possess (check): □ CPR □ **1st** Aid □ CPI □ Med Admin □Relias Online List all Other Training you have Pertinent to this position:

Have you ever been dismissed/ asked to resign from employment? □ Yes □ No If yes, explain

Have you ever been substantiated for a DIDO investigation? □ Yes □ No If yes, how many times?

Have you ever been convicted of a felony? □ Yes □ No Have you ever been convicted of a Misdemeanor? □ Yes □ No

If yes, state conviction, date, court and place where offence occurred.

Have you ever been required to register as a sexual offender? □ Yes □ No

Do you have a valid Driver's License? □ Yes □ No DL Number DL issued in what State Type of Auto Insurance: □ Liability Only □ Full Coverage Number of Traffic violations within the past 5 years?

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| High School ­­­­\_\_\_\_\_\_\_\_\_  | Did you graduate LJ Yes u No | Year: \_\_\_\_\_\_\_\_\_\_ |

**EMPLOYMENT HISTORY**

(Start with pr sent employer and continue for a 5-year history - ask for additional sheets if necessary)

|  |  |
| --- | --- |
| 1) Name of Employer I Address of Employer | Phone Number |
| Immediate Supervisor & Position | Date Hired | Starting Pay |
| Your Job Title | Date Left | Final Pay |

Job Duties

Reason for Leaving May we use this employer as a reference? o Yes o No

|  |  |
| --- | --- |
| 2) Name of Employer I Address of Employer | Phone Number |
| Immediate Supervisor & Position | Date Hired | Starting Pay |
| Your Job Title | Date Left | Final Pay |

Job Duties

Reason for Leaving May we use this employer as a reference? o Yes o No

|  |  |
| --- | --- |
| 3) Name of Employer I Address of Employer | Phone Number |
| Immediate Supervisor & Position | Date Hired | Starting Pay |
| Your Job Title | Date Left | Final Pay |

Job Duties

Reason for Leaving May we use this employer as a reference? o Yes o No

|  |  |
| --- | --- |
| 4) Name of Employer I Address of Employer | Phone Number |
| Immediate Supervisor & Position | Date Hired | Starting Pay |
| Your Job Title | Date Left | Final Pay |

Job Duties

Reason for Leaving May we use this employer as a reference? o Yes o No

Foremost Care, Inc.is an equal opportunity employer. Consideration for employment shall not be based on religion, race, color, creed, sex, age, national origin, disability, or military status. Employment of applicants for direct support services is contingent upon the approval of the individuals or his/her legal representative.

I understand and agree:

1. I hereby give consent for Foremost Care, Inc. to perform a complete background investigation as required under the laws of the State of Tennessee. I understand this investigation may include, but is not limited to, my driving record, criminal records and references. I understand that negative information may affect by eligibility for employment and shall not be considered discrimination by the company.
2. Foremost Care, Inc. will run a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorized such investigation and the exchange of information requested Foremost Care, Inc. I release from liability any person giving or receiving any such information. I understand that falsification of facts so given, or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal. I understand that falsification of facts so given, or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
3. I authorize any physician or hospital to release information, which may be necessary to determine my ability to perform the duties of a job for which I am being considered.
4. After a conditional offer of employment has been made with Foremost Care, Inc. I agree to take a medical examination by a qualified physician at the discretion of my employer.
5. I understand that management makes every effort to schedule employees to accommodate individual preferences and religious beliefs. However, the needs of the individuals supported may require **rotation work schedules and locations,** and holidays.
6. This is an application for employment. I understand that no employment contract is offered or implied.
7. If I become employed, such employment is for no definite period of time. Foremost Care, Inc. may change wages, benefits and conditions of employment at any time.
8. If I become employed or receive a job status change after employment, I will serve a 90-day conditional probationary employment period.
9. If hired, I may be asked to sign a non-compete contract under company policy.
10. If employed I understand that I may be required to submit to fingerprinting, which will be submitted to the Tennessee State Bureau of Investigations for a complete criminal record check.
11. I consent to a drug screening as possible term or my employment and understand that I may be subject to random drug screening at any given time during my employment. Failure to comply with a drug screening or a positive drug screening may be cause for denial of employment or termination if employed.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature of Applicant

Date

Printed Name of Applicant \_

**ABUSE REGISTRY AND SEX OFFENDER LIST**

I hereby give consent for Foremost Care, Inc. to conduct a check of reports of abuse, neglect or exploitation on record concerning me as well as the known sex offender list available to the public. I understand that if I am hired, any falsification and/or omissions that are later discovered will be grounds for immediate dismissal.

Print all names, aliases, etc. you have ever used:

|  |  |  |  |
| --- | --- | --- | --- |
| First | Middle | Last | Maiden |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List all residences within the United States for the last seven years:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Street Address |  |  | County |  |
|  | City and State | Zip Code |  | Dates of Residence |  |
|  | Street Address |  |  | County |  |
|  | City and State | Zip Code |  | Dates of Residence |  |
|  | Street Address |  |  | County |  |
|  | City and State | Zip Code |  | Dates of Residence |  |
|  | Street Address |  |  | County |  |
|  | City and State | Zip Code |  | Dates of Residence |  |
|  | Signature |  |  |  Social Security # Date |  |

714 W Main St Ste 203 Phone: 615-410-7031

Murfreesboro, TN 37129

**Employee Reference Check**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Soc Sec # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference Source & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, authorize the above Person/Company to disclose the information about my employment with them.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The section below is to be completed ONLY by the authorized representative of the above named company)

1. When did he/she work for your company? From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What was his/her job title?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What type of work did he/she perform? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Was his/her work satisfactory? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How was his/her attendance and punctuality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Why did he/she leave your company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Would you re-employ him/her? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Foremost Care provides twenty-four hour support to adults with developmental disabilities. Do you know of any reason/s why he/she would be unable to provide those supports to individuals we werve with or withour direct supervision? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Reference: Yes \_\_\_ No \_\_\_ Person spoken with & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person conducting check Title Date

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Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Was his/her work satisfactory? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Phone Reference: Yes \_\_\_ No \_\_\_ Person spoken with & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of person conducting check Title Date

714 W Main St Ste 203 Phone: 615-410-7031

Murfreesboro, TN 37129

**Personal Reference Check**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the above referenced applicant authorize the above referenced person to release the information contained in the request and shall hold harmless anyone releasing the information.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The section below is to be completed ONLY by the name reference source)

1. How long have you known this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your relationship to this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How would you describe this person’s character? (*Reliable, honest, responsible, etc*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you aware of any reason why this person should not be employed to work with a person with a disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you aware of any reason why this person should not transport a person with a disability in an automoble? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you were in a position to employ this person, would you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date

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**Personal Reference Check**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the above referenced applicant authorize the above referenced person to release the information contained in the request and shall hold harmless anyone releasing the information.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The section below is to be completed ONLY by the name reference source)

1. How long have you known this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your relationship to this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How would you describe this person’s character? (*Reliable, honest, responsible, etc*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Dat

714 W Main St Ste 203 Phone: 615-410-7031

Murfreesboro, TN 37129

**Personal Reference Check**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the above referenced applicant authorize the above referenced person to release the information contained in the request and shall hold harmless anyone releasing the information.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The section below is to be completed ONLY by the name reference source)

1. How long have you known this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your relationship to this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How would you describe this person’s character? (*Reliable, honest, responsible, etc*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you aware of any reason why this person should not be employed to work with a person with a disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you aware of any reason why this person should not transport a person with a disability in an automoble? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you were in a position to employ this person, would you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date