



EMPLOYMENT APPLICATION



Burks Supportive Living

"Supporting Adults with Intellectual and Developmental Disabilities"



BURKS SUPPORTIVE LIVING INC.
6739 Ringgold Road Chattanooga, TN 37412
Business Manager: 423-314-7363 Email: McfarlandBurks@gmail.com



Burks Supportive Living

BURKS SUPPORTIVE LIVING INCORPORATED: PLEASE READ THE FOLLOWING BEFORE FILING OUT AN PORTION OF THE APPLICATION

After completion of this application, we will ask you to provide the following:

- Driver's License in good standing (All applicants must be at less 18 years if age)
- Proof of Automobile Liability Insurance
- An up to date Social Security Card or Passport

The following credentials are required for any position with BURKS SUPPORTIVE LIVING INC. If you already have proof of these training, please be prepared to offer a copy of them. If you do not possess any of the training, it will not necessarily disqualify you for a position, but only help us make decisions regarding the amount of training we may need to do with you.

- First Aid Course
- Cardiopulmonary Resuscitation (CPR)
- Medication Administration Course
- CPI-Crisis Prevention Intervention
- Additional training relative providing services to individuals with intellectual and development disabilities

Thank you for your interest in Burks Supportive Living Inc.

Sincerely,

Management of Burks Supportive Living Incorporated

I certify the information contained in this application is correct to the best of my knowledge and understand that falsification of this information or deliberate omission of a material fact in my application is grounds for refusal to hire, or if hired, dismissal. It is my understanding BURKS SUPPORTIVE LIVING INC., may make a thorough investigation of my entire work and personal history (including police records) and may verify all data given in my application for employment, related papers, or oral interview. I hereby consent to the Chattanooga Police Department, the Hamilton County Sheriff's Department, or any other jurisdiction of any and all arrest and/or conviction or other police records to release information about me to the Human Resources Department or other agent of Burks Supportive Living for use only in connection with my application for employment with said organization.

I hereby release the City of Chattanooga and the County of Hamilton, as well as BURKS SUPPORTIVE LIVING INC. and their officers, agent, employees, successors, and assigns from any and all claims actions, or suits, for damages or injuries of whatever nature which may result from release of my police records upon this consent. I specifically authorize any of the persons or organization referenced in this application to give you any and all information they might have, personal or otherwise, with regards to any subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

I also understand the (1) BURKS SUPPORTIVE LIVING ha a Drug and Alcohol-Free Workplace policy that provides for pre-employment testing, as well as redeem testing after employment (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based upon the successful passing of testing under such policy. I understand that the samples of bodily fluids (blood urine) that may be requested during the course of the preemployment process may be tested for a number of physical conditions, including, but not limited to use of drugs and alcohol I agree to the testing.

I further understand the two (2) original sets of my fingerprints may be required because I will have direct contact with or responsibility for people with intellectual and developmental disabilities. Should the agency use fingerprinting as its source of verification. I agree to allow the fingerprinting and comply with any/all criminal background verification.

I understand that a Motor Vehicle Record is required for most positions at BURKS SUPPORTIVE LIVING INC. Because I may be hired or later transfer to a position that requires driving, I agree to provide a current, valid Motor Vehicle Record as part of the employment process.

I understand that this is an application for employment and that no employment contract is being offered or implied. I addition, if I am employed, it is also understanding the BURKS SUPPORTIVE LIVING INC should it be warranted and at its sole discretion may change wages, benefits, and policies, and procedures. I also understand that the conditions of my employment at any time and the employment with this organization may be terminated any by either employer or employee at will. I understand that this application will remain active for 30 days from the date it was made. On the 31st day, the application will be placed in the inactive file. BSL uses Hunter Investigations which is a licensed and insured Private Investigations Company located in Tennessee and specialize in DIDD background investigations. There background checks are thorough and complete meeting all the requirements set forth by the State of Tennessee Department of Intellectual and Developmental Disabilities. Our background checks include the following:

Local, State and Nationwide Criminal History
Tennessee and National Sex Offenders
Tennessee Health Abuse Registry
Office of Inspector General
Tennessee Felony Offender
Tennessee Motor Vehicle Report (Other States if necessary)

Signature of Applicant: _____ Date: _____

Hunter Investigations
Employment Screening
Authorization and Order Form

This report will be used for employment purposes only and will be processed by Hunter Investigations (Hunter), a professional investigation agency, whose mailing address is 119 N Gateway Avenue, Rockwood, TN 37854 (Office: 865-354-0077). Hunter Investigations conducts business according to all applicable federal and state laws. Hunter agrees to use its best and most precise efforts to furnish its "client", (defined as a business, company, employer, or organization, which contracts with Hunter to provide employment screening services to them), with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by Hunter. Sources also include contact by telephone, fax, U.S. mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, Hunter cannot guarantee the accuracy of the information provided by the sources, which included courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

I, the undersigned, have read and fully understand the above notice. I hereby authorize Hunter to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize Hunter to verify the facts stated by me on the attached application and/or resume. I agree not to hold Hunter responsible in any manner for errors in information provided to Hunter by any of the sources Hunter uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold Hunter responsible for reports deemed by me to be incorrect, when Hunter had, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Client-Burks Supportive Living, INC (Please Use Block Print and Print Legibly)

Date: _____ Applicant's Printed Name: _____

Other Names Used, Maiden, ETC _____

Applicant's Signature: _____

Social Security Number: _____

Residential Address (Not a PO Box):

Current Phone Number: _____

Date of Birth (for criminal and driving record checks):

Sex _____ Race _____

Driver's License Number: _____ State: _____

(Attach photocopy of driver's license)

EMPLOYMENT REFERENCE CHECK FORM

Applicant Name: _____

Previous Employer: _____

Dates and/or Years of employment: _____ Pay (Hourly or Salary): _____

Employers Address: _____ phone number: _____

Date contacted: _____ Method of contact: _____

Would you rehire? (YES/NO) _____

Reason for Leaving or termination: _____

Additional Notes: _____

2.Previous Employer: _____

Dates and/or Years of employment: _____ Pay (Hourly or Salary) _____

Employers Address: _____ Telephone: _____

Date contacted: _____ Method of contact: _____

Would you rehire? (YES/NO) _____

Reason for Leaving or termination: _____

Additional Notes: _____

3.Previous Employer: _____

Dates and/or Years of employment: _____ Pay (Hourly or Salary): _____

Employers Address: _____ Telephone: _____

Date contacted: _____ Method of contact: _____

Would you rehire? (YES/NO) _____

Reason for Leaving or termination: _____

Additional Notes: _____

Note: Please show a work history inclusive of a continuous description of activities during the past five (5) years

PERSONAL REFERENCE CHECK FORM

Applicant Name: _____

1. Personal reference Name: _____

Relationship: _____ Address: _____ Telephone: _____

Date contacted: _____ Method of contact: _____

Additional Notes: _____

2. Personal reference Name: _____

Relationship: _____ Address: _____ Telephone: _____

Date contacted: _____ Method of contact: _____

Additional Notes: _____

3. Personal reference Name: _____

Relationship: _____ Address: _____ Telephone: _____

Date contacted: _____ Method of contact: _____

Additional Notes: _____

Notes: At least three (3) personal references, with one of the references having known the applicant for at least five (5) years at a minimum, the employer must directly communicate with the most recent employer and any employer who employed the applicant for more than six months within the past five years at a minimum, the employer must directly communicate with at least two of the personal references provided by the applicant.

EMAIL ADDRESS FOR RELIAS TRAINING _____

Please send completed application to: McFarlandburks@gmail.com