



409 W. Walnut Street  
Johnson City, TN. 37604  
423-928-2752 / 423-928-3680 Fax  
We are a smoke – free workplace

## EMPLOYMENT APPLICATION

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants will be considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or status as a qualified individual with a disability.

Applicants must meet the following requirements:

- 1) Direct Support Professionals must have the ability to be physically active, which includes - but is not limited to: lifting, standing, pushing, pulling, squatting, bending, sitting and walking.
- 2) Be at least nineteen (19) years of age, for insurance requirements.
- 3) Be able to effectively read, write and communicate verbally in English and must be able to read and understand instructions, perform record keeping and write reports.
- 4) Must currently have and provide copies of - driver's license, auto liability insurance, social security card and GED or high school diploma. These items are to be turned in with the application.

Applicants that are retained, as new employees must:

- 1) Successfully complete all requirements of employment, such as: TB skin test, drug screen, etc...
- 2) Successfully complete all training classes with a score of 80 or higher, failure to do so will result in termination. These classes also must be attended as scheduled to maintain employment.
- 3) Pass a criminal background check performed in accordance with Title 33.

- 4) Must not be listed on the TN Abuse Registry, the TN Sexual Offender Registry or the TN Felony Offender List.

*The before listed requirements are mandated by the Department of Intellectual Disabilities Services.*

**➡** I, \_\_\_\_\_, certify and affirm that to the best of my knowledge and belief I ***have or have not*** (Circle 1) had a case of abuse, neglect, mistreatment or exploitation substantiated against me. As a condition of submitting this application and in order to verify this affirmation, I further release and authorize Core Services and the Tennessee Department of Intellectual and Developmental Disabilities to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business or agency, as pertains to any allegations against me of abuse, neglect or mistreatment and to consider this information as may be deemed appropriate.

*To assure prompt processing, please complete all items accurately.  
Please type or print.*

Position Applying For: \_\_\_\_\_

Have you ever filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip code)

Telephone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
(Home/cell)

E-mail Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you currently employed?  Yes  No  
May we contact your present employer?  Yes  No

If no, please indicate reason: \_\_\_\_\_

Are you legally allowed to work in the United States?  Yes  No  
(Proof of citizenship or immigration status is required, please attach)

Have you been convicted of a felony in the past seven (7) years?  Yes  No  
(Conviction will not necessarily disqualify applicant from employment. Do not list convictions for which the records have been expunged.)

If yes, please explain: \_\_\_\_\_

Do you have a valid driver's license in this or any other state?  Yes  No

If yes, list state: \_\_\_\_\_ License number: \_\_\_\_\_

List any moving violations in the past (5) five years: \_\_\_\_\_

Are you a veteran of the U.S. Military?  Yes  No If yes, branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

### EDUCATION

	School Name - City & State	Number of years complete	Diploma/course of study
High School			
College/University			

### EMPLOYMENT EXPERIENCE

You must include all work history for the last five (5) years.

Please note any gaps in employment.

Use additional sheets of blank paper as necessary to reflect all five (5) years.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  Full-time  Part-time

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Job Title \_\_\_\_\_

Job Duties/Work Performed \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  Full-time  Part-time

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Job Title \_\_\_\_\_

Job Duties/Work Performed \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  Full-time  Part-time

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Job Title \_\_\_\_\_

Job Duties/Work Performed \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  Full-time  Part-time

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Job Title \_\_\_\_\_

Job Duties/Work Performed \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  Full-time  Part-time

Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Job Title \_\_\_\_\_

Job Duties/Work Performed \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please list names, addresses and phone numbers of three persons known, but not related and not previous employers, to you. At least ONE of these persons MUST have known you for five (5) years or more. These persons listed must be reachable by phone during BUSINESS HOURS.

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Years known: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Years known: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Years known: \_\_\_\_\_

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Date you are available to begin work: \_\_\_\_\_

Are you available to work:       Full-time                       Part-time

Are you available to work all shifts?                       Yes                       No

If no, what shifts are you available to this agency? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may exclude any answers which indicate race, color, religion, sex or national origin from the following two questions:

List professional, trade, business or civic activities and offices held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any volunteer experience you have had. Include the organization name, type of work and dates worked: \_\_\_\_\_

\_\_\_\_\_

List any experience you have had relating to people who have intellectual or developmental disabilities: \_\_\_\_\_

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Comments:

List any comments or qualifying statements you wish to make.

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I certify the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defines by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I also understand Core Services adheres to a drug free work environment and do hereby agree to submit to a pre-employment drug screen as well as random drug screens throughout my employment with Core Services

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **Authorization and Release Form to Conduct a Background Check**

I, the undersigned applicant, do hereby authorize Core Services of Northeast TN by and through its independent contractor to conduct background information checks on me.

These above mentioned background information checks may include, but are not limited to, employment and education verifications, social security verification, driving record information, personal references, and personal interviews. I further understand that an acceptable background check will allow me to continue the pre-employment process and that an unacceptable background check may result in the discontinuation of my pre- employment process. I understand if I am hired prior to the completion of the background check, that an unacceptable background check will result in my termination.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Core Services of Northeast TN and/or their independent contractor, including but not limited to, any courthouse, any public agency, and all law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Core Services of Northeast TN, their independent contractor and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, by me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with compilation or preparation of the background information check hereby authorized.

I understand that by signing this form that future background checks may be conducted on an annual basis as long as I continue employment with Core Services of Northeast TN. This background check will be automatically submitted annually using the information on this form.

**PRINTED NAME:**

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DRIVERS LICENSE #** \_\_\_\_\_ **STATE OF ISSUE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **SS#** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

APPLICANT INFORMATION FOR RECORD KEEP REQUIREMENTS

Core Services of Northeast TN is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with Core Services of Northeast TN.

Position in which you have applied: \_\_\_\_\_

Date of application: \_\_\_\_\_

SEX AND RACE/ETHNIC IDENTIFICATION

SEX: Male  Female  (Check One)

RACE/ETHNIC: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows:

*(Please check the category which identifies your race/ethnic background.)*

WHITE: (not of Hispanic origin)-All persons having origin in any of the original peoples of Europe, North America, or the Middle East.

BLACK: (not of Hispanic origin)-All persons having origin in any of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

ASIAN OR PACIFIC

ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands (i.e. China, Japan, Korea, the Philippine Islands and Samoa)

AMERICAN INDIAN

or

ALASKAN NATIVE: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.

NOTE: The information provided on this form will be kept separate from the employment application