



# Employment Application

PERSONAL DATA					Please Print or Type	
• Date of Application:		• Position Applying for:		• Date Available:		
• Last Name:		• First Name:		• Middle Name:		• Suffix: (Sr, Jr., Etc):
• Address:						
• City:		• State:	• Zip:	• Are you at least 18 years of age?		
• How long have you lived at this address?		• Social Security #:		• Email Address:		
• Home Phone (XXX-XXX-XXXX):		• Cell Phone (XXX-XXX-XXXX):				
• Are there any other name(s) which you have been known as (nicknames, maiden name, etc...) during the past ten years? (Yes/no)						
If yes, please enter the name(s) below						
• Last Name:		• First Name:				
• Last Name:		• First Name:				
• If offered employment, hours available to work:				• Would you accept part-time work? (Yes/no)		
PLEASE LIST ALL OTHER PREVIOUS RESIDENCES FOR THE LAST SEVEN (7) YEARS						
From(MM/YYYY):	To(MM/YYYY):	Address:	City:	State:	Zip:	
From(MM/YYYY):	To(MM/YYYY):	Address:	City:	State:	Zip:	
From(MM/YYYY):	To(MM/YYYY):	Address:	City:	State:	Zip:	
MILITARY SERVICE						
Are / were you in the U.S. Armed Forces or Reserves? (Yes/No)						
• How Many Years:		• Highest Rank Held:		• Branch:		
MOTOR VEHICLE RECORD (Please complete if willing to run occasional work-related errands.)						
• Do you hold a valid driver's license in good standing? (Yes/No)						
• State Issued:		• License Number:		• Exp. Date (MM/YYYY):		

**EMPLOYMENT HISTORY** Please include information even if on your résumé. List your most recent position first.

• <b>Company Name</b>		• Telephone (XXX-XXX-XXXX)					
• Company Address:							
• City:		• State:	• Zip Code:				
• Start Date (MM/YYYY)	• End Date (MM/YYYY or list present if still employed)		• Most Recent Position Held				
• Type of Business		• Full or Part Time	• Pay Rate \$ per				
• Describe Your Responsibilities							
• Name of Supervisor ( <i>Our</i> PLACE will not contact your current employer until an offer of employment has been extended)							
• Reason For Leaving?							
• <b>Company Name:</b>				• Telephone (XXX-XXX-XXXX)			
• Company Address:							
• City:			• State:		• Zip Code:		
• Start Date (MM/YYYY)	• End Date (MM/YYYY)	• Most Recent Position Held					
• Type of Business:			• Full or Part Time:	Pay Rate: \$ per			
• Describe Your Responsibilities:							
• Name of Supervisor:						May we contact this employer? (Yes/No)	
• Reason for Leaving?							

• Company Name:			• Telephone (XXX-XXX-XXXX)		
• Company Address:					
• City:			• State:		• Zip Code:
• Start Date (MM/YYYY)	• End Date (MM/YYYY)	• Position:			
• Type of Business:			• Full or Part Time:	• Pay Rate: \$ per	
• Describe Your Responsibilities:					
• Name of Supervisor:			May we contact this employer? (Yes/no)		
• Reason For Leaving?					

## VOLUNTEER WORK

• Company Name:			• Telephone	• Type of Business:	
• Company Address:					
• City:			• State:	• Zip Code:	
• Start Date (MM/YYYY)	• End Date (MM/YYYY)	• Position Held:		• Full or Part Time	
• Describe Your Responsibilities:					
• Name of Supervisor:			May we contact this organization? (yes/no)		

## EDUCATION AND TRAINING

### High School / GED

• Name:	• City, State:	• Last Grade Completed	• Did you graduate? (Yes/No)
• Name:	• City, State:	• Last Grade Completed	• Did you graduate? (Yes/No)

### College / University / Graduate School / Business School / Trade School

• Name:	• City, State:	• Dates Attended:	• Hrs Completed:	• Degrees:
• Name:	• City, State:	• Dates Attended:	• Hrs Completed:	• Degrees:
• Name:	• City, State:	• Dates Attended:	• Hrs Completed:	• Degrees:

## CERTIFICATIONS or PROFESSIONAL LICENSES

Name	Received From	Date Received	Does It Expire?	Expiration Date

List any special skills, training, interest or job related skills not previously stated that may qualify you for a position with *Our PLACE*:

## REFERENCES

List three (3) professional references not related to you

Name	Address	Telephone #	Yrs Known

## PLEASE READ CAREFULLY; ACKNOWLEDGE YOUR ACCEPTANCE OF THE AGREEMENT

I certify that the information I have given on this application is true. I understand that any false or misleading information and/or omissions may result in rejection of my application or, if employed, in termination of employment.

To determine my qualifications for employment and continued employment, I authorize this Company to at any time review my previous employment, education, references, and Criminal History Record Information, and/or other background data as it may relate to the position(s) for which I am applying.

- I understand that a Criminal History Records Information check will include the submission of my fingerprints to the Tennessee Bureau of Investigation. This check includes a TBI/FBI criminal history check, Vulnerable Persons registry and Sex Offender registry. I expressly authorize such a check for the purpose of employment with *Our PLACE* and understand that any offer of employment is conditional upon the cleared results of these background checks, as required by Tennessee Department of Human Services.
- I hereby authorize all former employers and educational institutions, and Criminal History Records Information repositories to furnish their records, together with all information they may have concerning me, whether on record or not. I also release any person, firm, or institution from all liability for any damage whatsoever for issuing such information. Should I be employed by *Our PLACE*, the foregoing authorization and release shall extend to this Organization in connection with issuing such information to future prospective employers.
- I understand that information about my character, general reputation, and personal characteristics is obtained through personal interviews of the references you provide.

In consideration of my employment, I agree to conform to the rules and regulations of the Company, and I understand and agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either the Company or myself.

I understand that I will be told if information from my TBI background check has been used against me. Anyone who uses a type of consumer report to deny my application for employment – or to take another adverse action against me such as refusing credit or insurance – must tell me, and must give me the name, address, and phone number of the agency that provided the information.

I understand that *Our PLACE* is an “at will” organization, meaning that employment can be ended by me voluntarily or by the employer at any time.

**I have read and understand these statements and certify that all the information contained in this application is correct:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Our PLACE* is a licensed, non-profit, non-sectarian adult day center and is proud to be an Equal Employment Opportunity employer. We celebrate diversity and do not discriminate based on race, religion, color, national origin, sex, sexual orientation, age, veteran status, disability status, or any other applicable characteristics protected by law.