



Easterseals of Tennessee Application for Employment

This application must be completed in full for consideration. **PLEASE DO NOT CALL THE OFFICE.** Applications are kept on file for one year. Please print clearly and check boxes or circle Yes or No where applicable.

Date of Application ____/____/____

PERSONAL

Name: _____
 Last First Middle Social Security No. (Optional)

Address: _____
 Street City State Zip

Telephone: Home () ____-____ Cell () ____-____ Other () ____-____

POSITION

Position Applied For: Care Giver (DSP) Job Coach Day Center LPN Rest Area Janitorial

Date available to start work: _____ Starting hourly wage desired: _____

Type of employment desired: Full Time Part-Time

Days Available to Work: _____

Are you available to work: Days Nights Weekends

I am available to work in the following locations:

Lexington Parsons McKenzie Huntingdon Hollow Rock Jackson Trenton

Paris Henderson Milan Memphis Nashville Lebanon Smyrna Grundy Dickson Benton

Referral Source: Newspaper Craigslist Sign Employee Relative Career Center

Have you ever been employed by Easterseals? No Yes, when and in what position? _____

Did one of our employees refer you to Easterseals? No Yes, whom? _____

Do you have a relative(s) currently employed here? No Yes, whom? _____

MINIMUM EMPLOYMENT REQUIREMENTS (You must meet the minimum requirements to be considered for employment)

- Yes No Are you at least 21 years of age?
- Yes No Are you legally eligible for employment in this country?
- Yes No Have you had a valid TN driver's license for the past 3 consecutive years?
If no explain _____
- Yes No Do you have a clean driving record? If no explain _____
- Yes No Do you have reliable transportation?
- Yes No Can you lift at least 50 pounds?
- Yes No Can you pass a pre-employment drug screen?
- Yes No Have you ever been convicted of any felony or misdemeanor?
- Yes No Have you ever been charged or convicted of a misdemeanor involving physical harm to a person including but not limited to neglect or abuse?
- Yes No Have you ever been charged or convicted of a misdemeanor involving financial harm or exploitation to a person including but not limited to theft, misappropriation of funds, fraud or breach of fiduciary duty?
- Yes No Have you ever been charged or convicted of a misdemeanor involving illicit drugs, drug/alcohol misuse or sexual misbehavior (e.g., indecent exposure, voyeurism) within the last 10 years?

If you answered yes to any question above, please list conviction(s) and date(s):

(Charges or convictions may not bar you from employment; failure to list will result in termination if hired)

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, **starting with the most recent**, including military experience. Explain gaps in employment in comments section on next page.

| | |
|-----------------------|---|
| Employer | Employment Dates From _____ To _____ |
| City, State Telephone | Starting Wage _____ |
| Job Title | Final Wage _____ |
| Job Description | May we contact? YES NO LATER |
| Reason for leaving | |

| | |
|-----------------------|---|
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| | |
|-----------------------|---|
| Employer | Employment Dates From _____ To _____ |
| City, State Telephone | Starting Wage _____ |
| Job Title | Final Wage _____ |
| Job Description | May we contact? YES NO LATER |
| Reason for leaving | |

Comments (including explanation of any gaps in employment):

EDUCATIONAL BACKGROUND

List Schools attended:

| School | Degree/Diploma | Major/Minor |
|---------------------------|----------------|-------------|
| High School or Equivalent | | |
| College | | |

PROFESSIONAL CERTIFICATIONS

Please provide copies of any certifications when you submit your application.

| Certification | Expiration Date | Had But Not Current |
|--|-----------------|---------------------|
| Adult CPR | | |
| First Aid | | |
| Medication Administration for Unlicensed Personnel | | |
| CNA, RN, LPN (Circle One) | | |
| Other | | |

Yes No Have your professional license or clinical privileges ever been revoked, suspended, reduced, limited, voluntarily surrendered or not renewed in this or any other state?

Yes No Do you have any malpractice claims ever resulted in a settlement against you?

Yes No Have you been involved in a DIDS investigation prior to this application?

If "Yes" to any of the above, please explain:

ADDITIONAL INFORMATION

List any additional information you would like us to consider, including skills and qualifications acquired from employment or other experiences that may qualify you for work with our company: (Exclude information, which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status information)

PERSONAL REFERENCES

List name and telephone number of three (3) personal references that are not related to you. NOTE: At least one of the personal references you list must have known you for at least 5 years.

| Personal Reference (NO FAMILY) | Relationship to Reference (NO FAMILY) | Years Known | Phone Number |
|-----------------------------------|--|----------------|--------------|
| | | | |
| | | | |
| | | | |

EMPLOYEE RELEASE AND PRIVACY STATEMENT

I understand that the company requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become employed. Therefore, I authorize the company to investigate my past employment, educational credentials and other employment related activities. I agree to cooperate in such investigations and release those parties supplying such information to the company from all liability or responsibility with respect to information supplied.

I understand that any false answers or statements, including the failure to give a complete disclosure of facts as requested on this application or any supplement thereto or in connection with the above mentioned investigations, will be sufficient grounds for failure to hire, or immediate termination of employment.

I agree that the company may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside the company in those cases where its agents and contractors need such information to perform their function, where the company legal interests and/or obligations are involved, or where there is a medical emergency involving me. I hereby release the company for any liability and agree to hold harmless any officer, director, agent or employee of the company who furnishes such information.

I understand that after a conditional offer of employment, I may be subject to satisfactorily passing a including a medical scan for illegal and/or non-prescription drugs by a health care provider designated by the company. I further agree to submit myself for random, or for cause, drug screens as required by the company.

If I am employed, and at any time suffer personal injuries for which I shall make a claim, I hereby agree to submit myself to examination by a doctor selected by the company and as often as deemed necessary and requested. Any failure on my part to comply with this request shall result in my claim being considered waived and any legal action abated. I further agree that in case of injury, where insurance is carried under an employer's compensation law, to waive all actions for damages and accept said insurance.

I understand that employment is "at will". Employment is not for a fixed time and may be discontinued, with or without notice or cause, by myself or the company. I understand that no employee, officer, representative or publication may obligate the company to anything contrary to the above.

(Circle One)

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief; I ["have" or "have not," as applicable] 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 Easter Seals Tennessee, Inc., the Tennessee Department of Intellectual and Developmental Disabilities and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity or agency, whether governmental or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate. This authorization extends to providing any applicable information in personnel or investigative reports concerning my employment with this employer to my future employers who may be Providers of DIDD services.

Applicant's Signature: _____ **Date:** _____

It is our policy to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, religion, national origin, sex, sexual orientation, age, veteran status or disability.

Questionnaire

Please answer the following questions:

1. What do you know about Easterseals and the job of Direct Service Provider (DSP)?
2. What do you see as the key steps in establishing a solid working relationship with a person you are assigned to support?
3. The position of Direct Service Provider (DSP) involves helping people we support be as independent as possible. Assistance is provided with Activities of Daily Living (ADLs) and may include helping with meals, assisting with eating, toileting, bathing and dressing. Have you had any experience with this type of support? If so, describe a time that you provided this type of support.
4. Tell me about a time you worked/interacted with a person with a disability? (What type of disability a person had, comfort level interacting with that person, etc.)
5. You and a person being supported by our organization go to a restaurant. The person supported is very capable of ordering their meal without assistance. When the waiter is ready for your order they look at and speak to you instead of the person you are with. How would you handle this situation?
6. Why do you want a job working with individuals with intellectual and developmental disabilities?



APPLICANT REFERENCE CHECK CONSENT FORM

To:

Fax:

From: Human Resources
Easterseals Tennessee
759 West Church Street, Suite 8
Lexington, TN 38351
731.968.1050 Office 731.968.9003 fax

Date:

Applicant Name: _____ SSN: _____

The applicant listed above is being considered for employment by Easterseals of Tennessee and has listed your organization as a current or former employer. Please complete the form below and fax back to our office at 731.968.9003.

Applicant's Authorization

I voluntarily consent to authorize Easterseals or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that questions may be asked about my educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information and reason for separation from former employment.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with Easterseals of Tennessee.

I also hereby release Easterseals of Tennessee from all liability for damages or claims – including, but not limited to, defamation, interference with contract, and negligence – which may arise or result from any reference information gathered pursuant to this authorization.

Applicant's Signature: _____ Date: _____

-----Applicant, Please do not write below this line-----

Employee Name: _____

Company: _____

Job Title: _____

Start Date: _____

End Date: _____

Eligible for Rehire? No Yes

Please print name & title of person verifying information

Signature

Phone Number

Date