



Application for Employment

Pursuant to the State of Tennessee's policy of non-discrimination, TVC is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military services in our policies, or employment in our programs, services or activities.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How did you learn about us?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> TVC Employee Name:	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	Social Security Number ____ - ____ - _____
Last Name		First Name	M. I.
Street Address			
City/State/Zip Code			
Mobile Phone	Home Phone	Best method to reach you	
Email address			

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: Full Time Part Time _____ Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment

If yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Skills

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities. *You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

Specialized Skills - Check Skills/Equipment Operated

- | | | |
|--|---|---|
| <input type="checkbox"/> IBM/PC | <input type="checkbox"/> MacIntosh | <input type="checkbox"/> w.p.m. typing speed |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Typewriter | <input type="checkbox"/> ACT! |
| <input type="checkbox"/> Copy machine | <input type="checkbox"/> Windows XP | <input type="checkbox"/> Adobe PhotoShop |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Windows 2003/System Administration |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Internet/E-mail |
| <input type="checkbox"/> Other (please list) | | |

State any additional information you feel may be helpful to us in considering your application.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities in such a job or occupation is attached. Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

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 defined 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Signature of Applicant

Date



Release and Waiver Reference #1

Applicant Name: _____ Phone Number: _____

I, _____, hereby authorize Tennessee Voices for Children to conduct a thorough investigation of my past employment and personal history. I authorize my former employer (name of company) _____ to furnish Tennessee Voices for Children with information they may need regarding my employment history, including my reason(s) for leaving. I am signing this Release and Waiver voluntarily, and to request that my former employer, as indicated above, respond to this reference inquiry with full and complete information. Since this reference is an important part of my application for employment with Tennessee Voices for Children, I therefore waive and release my former employer from and furthermore waive any and all claims or causes of action in law or equity, including but not limited to defamation of character, or invasion of property; which might arise from responding to this reference check.

*Signature of Applicant *SSN Date

* Previous Names (Maiden), etc.: _____

*Former Employer: _____

*Name of Supervisor: _____

*Phone Number: _____

*Fax Number: _____

*Dates of Employment: _____

Salary Information: _____

Reason for Leaving: _____

*Required Information



Release and Waiver Reference #2

Applicant Name: _____ Phone Number: _____

I, _____, hereby authorize Tennessee Voices for Children to conduct a thorough investigation of my past employment and personal history. I authorize my former employer (name of company) _____ to furnish Tennessee Voices for Children with information they may need regarding my employment history, including my reason(s) for leaving. I am signing this Release and Waiver voluntarily, and to request that my former employer, as indicated above, respond to this reference inquiry with full and complete information. Since this reference is an important part of my application for employment with Tennessee Voices for Children, I therefore waive and release my former employer from and furthermore waive any and all claims or causes of action in law or equity, including but not limited to defamation of character, or invasion of property; which might arise from responding to this reference check.

*Signature of Applicant *SSN Date

* Previous Names (Maiden), etc.: _____

*Former Employer: _____

*Name of Supervisor: _____

*Phone Number: _____

*Fax Number: _____

*Dates of Employment: _____

Salary Information: _____

Reason for Leaving: _____

*Required Information



Release and Waiver Reference #3

Applicant Name: _____ Phone Number: _____

I, _____, hereby authorize Tennessee Voices for Children to conduct a thorough investigation of my past employment and personal history. I authorize my former employer (name of company) _____ to furnish Tennessee Voices for Children with information they may need regarding my employment history, including my reason(s) for leaving. I am signing this Release and Waiver voluntarily, and to request that my former employer, as indicated above, respond to this reference inquiry with full and complete information. Since this reference is an important part of my application for employment with Tennessee Voices for Children, I therefore waive and release my former employer from and furthermore waive any and all claims or causes of action in law or equity, including but not limited to defamation of character, or invasion of property; which might arise from responding to this reference check.

*Signature of Applicant *SSN Date

* Previous Names (Maiden), etc.: _____

*Former Employer: _____

*Name of Supervisor: _____

*Phone Number: _____

*Fax Number: _____

*Dates of Employment: _____

Salary Information: _____

Reason for Leaving: _____

*Required Information

Drug Testing

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Tennessee Voices for Children, Inc. in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Concentra Care may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at Tennessee Voices for Children, Inc.

I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with Tennessee Voices for Children Inc. consideration of my employment application.

I further agree that a reproduced copy of the pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of the consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Printed Name

_____-_____-_____
Social Security Number

Applicant Signature

Date

Witness Printed Name

Witness Signature

Date



CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Tennessee Voices for Children may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to Tennessee Voices for Children and its designated representatives and agents, for the purpose of assisting Tennessee Voices for Children in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Tennessee Voices for Children hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____ First _____ Middle _____

Social Security No.* _____ Date of Birth* _____

Present Address _____

City/State/Zip _____

Prior Addresses _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License # _____ State _____

Applicant Signature _____ Date _____