

CDE ONSITE SENIOR SERVICES CORPORATION
EMPLOYEE APPLICATION AND BACKGROUND CHECK FORM

Name: _____ Application Date: _____

Address: _____ Date of Birth: _____

_____ Date of Hire: _____

Phone Number: _____ SSN: _____

Job Title: _____ Work Site: _____

DL#: _____ Exp Date: _____ (Update as Necessary)
Number State

WORK HISTORY: Last five (consecutive) years required
 (Facility (Agency) must document contacts with employers of 6 months or longer plus the most recent)

Dates (begin- end)	Previous Employer with address/phone number/contact person	Position	Reason for leaving	Facility Contact Notes (Date/Person/Comments)

Personal References: Must list three: One must have known you at least five years (**Do not list duplicate Work Reference contacts**)

Facility (Agency) must document contact with at least two of the three references

Name/Address/Phone Number	Years Known	Reference Contact Notes (Date/Comments)

All of the above information is true to the best of my knowledge. I hereby authorize CDE Onsite Senior Services to request and receive any information and records including, but not limited to criminal background check, driving, and previous/present employment, from any corporations, individuals, associations, agencies or departments.

Signature: _____

Date: _____

CDE ONSITE SENIOR SERVICES EMPLOYMENT APPLICATION
421 Lone Mountain Road – Tazewell, TN 37879
(865) 692- 1919

APPLICANT INFORMATION (PLEASE PROVIDE FULL LEGAL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)

LAST NAME: _____ FIRST NAME: _____ MI: _____ DATE: _____

STREET ADDRESS: _____ APARTMENT/UNIT#: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

DATE AVAILABLE: _____ SSN: _____ DESIRED SALARY: _____

POSITION APPLIED FOR: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

IF NO, ARE AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO

IF SO, WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN _____

DESIRED EMPLOYMENT

POSITION APPLYING FOR: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

IF SO, MAY WE CONTACT YOUR EMPLOYER? YES NO

ARE YOU AVAILABLE TO WORK WEEKENDS? YES NO

ARE YOU AVAILABLE TO WORK OVERTIME? YES NO

IF HIRED: CAN YOU PRESENT EVIDENCE OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: _____

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO DEGREE: _____

COLLEGE: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO DEGREE: _____

OTHER: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO DEGREE: _____

FORMER EMPLOYERS

(LIST ALL YOU EMPLOYERS OVER THE PAST 7 YEARS STARTING WITH THE MOST RECENT)

COMPANY: _____ PHONE: _____

ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING SALARY: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOU PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

FOR OFFICE USE ONLY

DATES OF EMPLOYMENT CONFIRMED? YES NO INITIALS: _____

SATISFACTORY WORK PERFORMANCE? YES NO DATE: _____

ELIGIBLE FOR REHIRE? YES NO

COMPANY: _____ PHONE: _____

ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING SALARY: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

FOR OFFICE USE ONLY

DATES OF EMPLOYMENT CONFIRMED? YES NO INITIALS: _____

SATISFACTORY WORK PERFORMANCE? YES NO DATE: _____

ELIGIBLE FOR REHIRE? YES NO

COMPANY: _____ PHONE: _____

ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING SALARY: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

FOR OFFICE USE ONLY

DATES OF EMPLOYMENT CONFIRMED? YES NO INITIALS: _____

SATISFACTORY WORK PERFORMANCE? YES NO DATE: _____

ELIGIBLE FOR REHIRE? YES NO

COMPANY: _____ PHONE: _____

ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING SALARY: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

FOR OFFICE USE ONLY

DATES OF EMPLOYMENT CONFIRMED? YES NO INITIALS: _____

SATISFACTORY WORK PERFORMANCE? YES NO DATE: _____

ELIGIBLE FOR REHIRE? YES NO

COMPANY: _____ PHONE: _____

ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING SALARY: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

FOR OFFICE USE ONLY

DATES OF EMPLOYMENT CONFIRMED? YES NO INITIALS: _____

SATISFACTORY WORK PERFORMANCE? YES NO DATE: _____

ELIGIBLE FOR REHIRE? YES NO

COPY THIS SECTION AS MANY TIMES AS NECESSARY TO COMPLETE YOUR 7 YEARS OF EMPLOYMENT HISTORY

MILITARY SERVICE

BRANCH: _____ FROM: _____ TO: _____

RANK AT DISCHARGE: TYPE OF DISCHARGE: _____

IF OTHER THAN HONORABLE, EXPLAIN: _____

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR) YES NO
IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE
CASE(S).

CONVICTIONS FOR MARIJUANA RELATED OFFENSES THAT ARE MORE THAN 2 YEARS OLD NEED NOT BE
LISTED. CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT.

ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS:

PLEASE LIST OTHER EXPERIENCES, TRAINING OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT
WITH THE COMPANY:

PROFESSIONAL REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR.

FULL NAME: _____ RELATIONSHIP: _____ YEARS ASSOCIATED: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____

FULL NAME: _____ RELATIONSHIP: _____ YEARS ASSOCIATED: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____

FULL NAME: _____ RELATIONSHIP: _____ YEARS ASSOCIATED: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____

FOR OFFICE USE ONLY

PERSONAL REFERENCES CHECKED? YES NO INITIALS: _____

SATISFACTORY REFERENCES? YES NO DATE: _____

AUTHORIZATIONS – PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW:

_____ **Truthfulness of Application:** I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

_____ **Authorization to Investigate:** I authorize any of the persons or organizations referenced in this application to give the Company any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize the Company to request and receive such information.

_____ **At-Will Relationship:** I understand and agree that if I am offered employment with the Company it will be on an “at-will” basis. This means that either I or the Company may terminate the employment relationship at any time for any reason with or without cause. I further understand the “at-will” nature of my employment with the Company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the Chief Executive Officer of the Company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

_____ **Search of Public Records:** Should a search of public records – including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgement – be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the checkbox below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the above paragraph.

Signature: _____ Date: _____

CRIMINAL BACKGROUND CHECK RELEASE OF INFORMATION AUTHORIZATION FORM

By my signature below, I authorize the State of Tennessee through the State Bureau of Investigation, Division of Criminal Information to perform a Tennessee criminal history record information check relative to my application for employment or volunteer services with CDE Onsite Senior Services pursuant to T.C.A. 71-2-111 and T.C.A. 38-6-103.

Please print legibly or type the following information:

Name: _____
Last
First
Middle
Maiden

Previous Name(s) including previous married name(s) and aliases: _____

Address: _____

If applicant has lived at the above address for less than two (2) years, please list previous address(es): _____

SSN#: _____ Date of Birth: _____ Sex: _____

Place of Birth: _____
City
County
State
Country

I understand that the Tennessee Bureau of Investigation, Division of Criminal Information and its officials and employees shall not be held legally accountable in any way for providing this information to the above-named healthcare provider, and I hereby release said Agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the healthcare provider cannot provide me with a copy of the results of this criminal history record check.

Applicant's Signature: _____ Date: _____

This request form must be accompanied by a transmittal letter from the authorized official or individual requesting criminal history record information along with a completed TBI application. This request must be mailed to:

Tennessee Bureau of Investigation
 DCI/Identification Section
 901 R.S. Gass Blvd.
 Nashville, TN 37216