

Application for Employment

Hope Services, Inc

Attn: Human Resources Dept.
1101 Kermit Drive, Suite 710
Nashville, TN 37217

Tel.: 615-399-6464

Fax: 615-399-6411

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment in a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Any applicants who may require reasonable accommodation for job application and/or interview process should notify a representative of Hope Services, Inc.

Applicant Name: _____ Date: _____

Position (s) applied for or type of work desired: _____

Address: _____

Telephone Number: _____ Social Security #: _____

Type of employment desired: _____ Full Time: _____ Part Time _____ Temporary

Date you will be available to start work: _____

Are you able to meet attendance requirements? Yes No

Do you have any objection to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Have you ever been previously employed by our company?

Can you submit proof of legal employment authorization & Identity? Yes No

If you are under 18, can you furnish a work permit if it is required? Yes No

Have you ever been convicted of a crime in the last 7 years? Yes No

If yes, please explain (a conviction will not automatically bar employment):

Driver's License number (if driving is an essential job duty): _____ State: _____

How were you referred to us? _____

Male _____ Female _____

Employment History

Please provide all employment information of your past four employers starting with the most recent:

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed from: _____ to: _____

Job summary: _____

Reason for leaving: _____

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Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed from: _____ to: _____

Job summary: _____

Reason for leaving: _____

Other skills and qualifications:

Summarize any job related training, skills, licenses, certifications and/or other qualifications:

Educational History:

List schools and locations, years completed, courses studied, and any degrees earned:

High School: _____

College: _____

Technical/ Other Trainings _____

References:

List 3 reference names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize Hope Services, Inc to contact, obtain and verify the accuracy of information contained in this application from previous employers, educational institutions, and references. I also hereby release from liability Hope Services, Inc. and its representatives from seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

Submitting this application and in order to verify this affirmation, I further release and authorize Hope Services, 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.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will with or without cause at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

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.

Applicant signature: _____ Date: _____

Please mail or fax this job application to **615-399-6411** Attn: Human Resources Department