



Home Care Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you related to a current employee of the STAR Center? YES NO If yes, who? _____

Have you ever been convicted of a misdemeanor or a felony? YES NO

If yes, explain: _____

Position and Availability

Position Desired: _____

Do you have a valid driver's license? YES NO Do you have car insurance? _____

Day	Times Available	Day	Times Available
Monday		Tuesday	
Wednesday		Thursday	
Friday		Saturday	
Sunday			

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College / Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Professional Licenses

License: _____ Expiration Date: _____

License: _____ Expiration Date: _____

License: _____ Expiration Date: _____

Training: _____

References

Please list five professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Address: _____ Years Known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Address: _____ Years Known: _____

Employment History

Beginning with your present or most recent job, please give a detailed description of your work experience. You must include all employment for at least the past five years. If you moved to a different position within the same organization and your major duties changed, you should list the new position as a separate job. Also describe unpaid, volunteer, or part time work experience that you consider as important qualifications for employment. You may submit an employment resume to supplement your application; however, you must describe your major job responsibilities.

Company: _____ Type of Business: _____

Address: _____ Phone: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Average # of Hours/Week: _____ Average # of Employees You Supervised: _____

Responsibilities: _____

Immediate Supervisor: _____ Phone: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Type of Business: _____

Address: _____ Phone: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Average # of Hours/Week: _____ Average # of Employees You Supervised: _____

Responsibilities: _____

Immediate Supervisor: _____ Phone: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Type of Business: _____

Address: _____ Phone: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Average # of Hours/Week: _____ Average # of Employees You Supervised: _____

Responsibilities: _____

Immediate Supervisor: _____ Phone: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Type of Business: _____

Address: _____ Phone: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Average # of Hours/Week: _____ Average # of Employees You Supervised: _____

Responsibilities: _____

Immediate Supervisor: _____ Phone: _____

From: _____ To: _____ Reason for Leaving: _____

Background Information

Have you ever been convicted, forfeited bond, or are you currently on probation for any misdemeanor or felony in a court of law or general court martial? YES NO

Have you been convicted of a misdemeanor or felony involving physical or financial harm to the victim? YES NO

Have you been convicted of a misdemeanor or felony involving illicit use of drugs or drug/alcohol misuse? YES NO

If yes to any of these offenses, give details on a separate sheet of paper for each offense. Include (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You must disclose and conviction involving a sentence or suspended sentence; you may omit: (1) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court: (2) Any conviction which has been expunged under Federal or State law.

Investigations

Have you ever been under investigation for any sexual offense (including voyeurism or indecent exposure)? YES NO

If yes, explain: _____

Do you have any substantiated cases of abuse, neglect, or exploitation against you, or are you currently under investigation for abuse, neglect, or exploitation? YES NO

Disclaimers

Falsification of Information

I understand that any false answers or statements, or misrepresentations by omission, made by me on my application or any related document, will be sufficient for grounds for denial of employment, or for my immediate discharge should falsifications or misrepresentations be discovered after I begin work.

Confidentiality

I give permission for a representative from STAR Center Inc. (hereinafter the STAR Center) to contact the five references listed on the attached page.

For consideration of this employment application by the STAR Center, it is agreed and understood by the undersigned applicant that information and/or reports obtained by the STAR Center with authorization provided by me (including from employers, references, and from other sources identified in the Authorization for Release of information) will only be used by the STAR Center to confirm that the candidate is eligible for employment and will remain confidential.

The STAR Center is an equal opportunity employer. All information will be treated confidentially.

Privacy

I understand that I must treat information involving persons served and their families as privileged and confidential. I also understand that the people served and families have a right to privacy and agree that I will not disclose information about the people served or their families to anyone other than authorized persons.

I also understand that representatives of The STAR Center will respect the right to privacy of my home and family and will not disclose my information about such to unauthorized persons.

Access to Records

As a condition of submitting this application and in order to verify this affirmation, I further release and authorize the STAR Center, the Tennessee Department of Intellectual and Developmental Disabilities (DIDD) 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 the Tennessee DIDD services.

Protection from Harm Statement

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 STAR Center, Inc., the Tennessee Department of Intellectual and Developmental Disabilities and the Division 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 government 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 future employers who may be Providers of DIDD services.

Signatures

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief, I **have not** had a case of abuse, neglect, mistreatment or exploitation substantiated against me.

By signing below, I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____
Applicant