

Before completing application, please make sure you can provide each of the following documentation:
1. Valid Driver's License or State ID Card 2. Social Security Card 3. High School/College Diploma or Equivalent

Application for Employment

Rochelle Center

1020 Southside Court

Nashville, TN 37203

Phone (615) 254-0673 Fax (615) 726-2837

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 on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Please Print. Application Is To Be Filled Out Completely.

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

Applicant name: _____ Date: _____
Last name First name Middle Name

Address: _____
Street address City State Zip code

Telephone: (____) _____ Social Security #: _____

Alternate Telephone: (____) _____

Type of employment desired: ____ full-time ____ part-time ____ temporary

Date you will be available to start work: _____

Rochelle Center requires attendance on a regular basis. Can you meet this requirement? _____ 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 organization? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

Are you currently on lay-off status or subject to recall? _____ Yes _____ No

May we contact your employer? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18 years of age, can you provide required proof of eligibility to work? _____ Yes _____ No

Have you been convicted of a crime in the last 7 years or are you currently on probation for any felony charge?
_____ Yes _____ No

Are you physically able to lift up to 70 pounds? _____ Yes _____ No

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

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide a work history of the last five (5) years, starting with the most recent.

It is very important that your employment history be filled out in its entirety.

Employer: _____ Position held: _____

Address: _____ City: _____ ST: _____ Zip: _____

Immediate supervisor and title: _____ Phone #: _____

Dates employed: From: (mm/yy) _____ To: (mm/yy) _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ City: _____ ST: _____ Zip: _____

Immediate supervisor and title: _____ Phone #: _____

Dates employed: From: (mm/yy) _____ To: (mm/yy) _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ City: _____ ST: _____ Zip: _____

Immediate supervisor and title: _____ Phone #: _____

Dates employed: From: (mm/yy) _____ To: (mm/yy) _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ City: _____ ST: _____ Zip: _____

Immediate supervisor and title: _____ Phone #: _____

Dates employed: From: (mm/yy) _____ To: (mm/yy) _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications:

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

Educational History:

List school name and location, years completed, course of study, and any degrees earned:

Name of school	Course of study	Years Completed	Diploma
High school: _____	_____	_____	_____
Undergraduate College: _____	_____	_____	_____
Graduate school: _____	_____	_____	_____
Special training: _____	_____	_____	_____
Other: _____	_____	_____	_____

Special Skills

Personal computer (PC) _____	Switchboard _____	Other: _____
Excel _____	Typewriter _____	_____
Word _____	Copier _____	_____
Outlook _____	CPR _____	_____
Access _____	First Aid _____	_____
Mas90 _____	Med. Admin. _____	_____
MS Publisher _____	_____	_____

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

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 specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer 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 Rochelle Center not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons 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.

Applicant signature: _____ Date: _____

(Do not write below this line)

Received by: _____ Date: _____

Copy for file and filed by: _____ Date: _____

Routed to: _____ Date: _____

Application reviewed by: _____ Date: _____

Application returned for file to: _____ Date: _____

Arrange interview: YES NO Date to interview: _____ at _____

Interview to be conducted by: _____

Recommendation to hire: YES NO

Notes: