

Rochelle Center

I authorize Rochelle Center to conduct the following:

- Contact all personal and professional references identified on the application;
- Perform a Driver's License check on the DMV website prior to possible employment, and if hired, annually or as needed basis thereafter, to ensure my driver's license is valid; and,
- Check the TN Abuse, Felony and Sexual Offender Registries and DIDS Substantiated Investigation Search.

PROVIDER STAFF PROTECTION FROM HARM STATEMENT

I certify and affirm that to the best of my knowledge and belief I (check one)

_____ **Have** _____ **Have not**

Had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize **Rochelle Center** and the Tennessee Division of Intellectual Disabilities to have full and complete access to any and all current or prior personnel or investigative records that pertain to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

CONSENT TO DRUG SCREENING

I consent to a drug screening as terms of my possible employment with this company. Further, I understand that:

- I may be subject to random drug screening at any given time during my employment;
- Failure to comply with the drug screening program may be cause for disciplinary action, up to and including termination; and,

A positive drug screening may be cause for termination or denial of employment.

I am currently certified in the following training;

_____ CPR (Adult) _____ Medication Administration
_____ First Aid _____ Crisis Prevention Intervention (CPI)
_____ DIDS Core Training _____ Other DIDS Trainings _____

I have had a TB Skin Test/Statement/Chest X-ray within last 12 months. _____ Yes _____ No

Print Name Date

Print Name Date