

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:

ROCHELLE CENTER

APPLICANT BACKGROUND CHECK DISCLOSURE

NOTICE: All applicants for employment by the Rochelle Center must consent to a BACKGROUND CHECK and MAKE FULL DISCLOSURE OF ANY AND ALL CONVICTION(S). Failure to consent to BACKGROUND CHECK and/or the accurate disclosure of past or current convictions will render the applicant ineligible for employment consideration. Disputed Background Checks may be contested by any applicant. The Applicant must submit to Tennessee Bureau of Investigations of the Federal Bureau of Investigations for a fingerprint sample and background report at the applicant's own expense.

PLEASE REVIEW THE FOLLOWING EMPLOYMENT REQUIREMENTS BEFORE SUBMITTING YOUR APPLICATION FOR EMPLOYMENT.

- Pursuant to a CONTRACTUAL AGREEMENT between the ROCHELLE CENTER and the STATE OF TENNESSEE, DEPARTMENT OF MENTAL RETARDATION SERVICES, the Rochelle Center is unable to employ “any individual as staff or volunteer who have direct contact with or direct responsibility for service recipients (consumers with disabilities) who have been convicted of a **FELONY** including but not limited to MISAPPROPRIATION OF FUNDS, FRAUD, BREACH OF FIDUCIARY DUTY, NEGLECT, CHILD ABUSE, or ACT INVOLVING PHYSICAL HARM TO AN INDIVIDUAL
- Any individual who has been or is listed on the REGISTER OF SEXUAL OFFENDERS or on the DEPARTMENT OF HEALTH, ELDERLY or VULNERABLE ABUSE REGISTRY;
- Any individual who has been convicted of a MISDEMEANOR CRIME INVOLVING MORAL TURPITUDE WITHIN TEN (10) YEARS OF THE DATE OF THEIR POTENTIAL EMPLOYMENT.

PLEASE RESPOND FULLY TO EACH OF THE FOLLOWING QUESTIONS.

(Failure to accurately respond will result in automatic rejection of your application for Employment)

1. Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please list any prior convictions by any local, state, federal, or military court of any felony or any other conviction involving sexual crimes, including but not limited to rape, sexual assault, sexual battery, exhibitionism, voyeurism, or an attempt to commit any of such sexual crimes; homicide or attempted homicide; felonious assault or attempted felonious assault; unlawful breaking or entering; robbery; burglary; theft; arson; misappropriation of funds; fraud; breach of fiduciary duty; neglect; child abuse; or any act involving physical harm to an individual. (EXPLAIN FULLY)

2. Have you been required to register with the registry of sexual offenders in accordance with Tennessee Code Annotated, Section 38-6-110? _____ Yes _____ No If yes, please explain.

3. Have you been placed on the Department of Health Elderly or Vulnerable Abuse Registry? _____ Yes _____ No If yes, please explain.

4. Have you been convicted of any misdemeanor crime involving moral turpitude within ten (10) years of this date? _____ Yes _____ No If yes, please explain

SIGNATURE OF APPLICANT

DATE



**RELEASE OF INFORMATION
STATEMENT FORM**

Date: _____

Name of Agency & Region: Rochelle Center, Central Region

Full Name of Applicant: _____

Nickname and/or alias: _____

DOB: _____

SS#: _____

DL#: _____

State of DL: _____

I, _____, 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 Rochelle Center and the Tennessee Division of Mental Retardation Service to have full and complete access to any and all current or prior personnel or investigative records from any party, person, business or agency, as pertains to any allegations against me of abuse, neglect, mistreatment, or exploitation and to consider this information as may be deemed appropriate.

Signature of Applicant: _____

Date: _____

Witness: _____

Date: _____

Hire Date: _____

President/Vice President Initials: _____

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

REFERENCE CHECK FORM

Please give the following information of three (3) references that are not related to you and are not previous employers. We must verify at least two (2) of the following references, one of which has known your for five (5) years or more.

It is very important that this section be filled out in its entirety.

Applicant Name: _____

Reference # 1

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Alternate Number _____

Known for _____ years

Reference # 2

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Alternate Number _____

Known for _____ years

Reference # 3

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Alternate Number _____

Known for _____ years