Application For Employment

Middle Region & East Region
321 Quecreek Circle Smyrna, TN 37167- Office 1-615-964-2146

All Heart Health Care Ministry Inc.,

Is an Equal Opportunity Employer and we do not discriminate against any employee or applicant for employment because of race, color, sex, age, national origin, religion, sexual orientation, gender identity and/or expression, status as a veteran, and basis of disability or any other federal, state or local protected class.

In order to process your application, you **MUST** have the following documents listed below. The hiring process will take longer if the proper documents are not available. It is mandatory to provide this information prior to orientation, however you will be given the opportunity to provide any missing information the day of orientation, or prior working in any locations that are under the All Heart Health Care Ministry, Inc.

Applicant Name (Print) _____Date _____

Please provide the needed information to process application……

Prior to Hire (circle the appropriate)

I have copy	/	Need copy	Complete the attached Application fully & Please Print Clearly
I have copy	/	Need copy	Complete the attached Background Screen Authorization
I have copy	/	Need copy	Complete the attached Abuse and Sex Offender Authorization
I have copy	/	Need copy	Provide a copy of your Driver's License, Identification, or Passport
I have copy	/	Need copy	Provide a copy of your Social Security Card
I have copy	/	Need copy	Provide a copy of your Work Authorization, etc. if applicable
I have copy	/	Need copy	Complete all Employment and Personal Reference Authorizations

If hired, you must also provide the following: (circle the appropriate)

I have copy	/	Need copy	Current Automobile Insurance Coverage
I have copy	/	Need copy	TB Skin test or Chest X-ray Results
I have copy	/	Need copy	Proof of DIDD (Relias) training
I have copy	/	Need copy	If applicant has worked in this **field before, please provide** a copy of the following if available; (**CPR/First Aid (must have before working in a home)**) & **(Medication Administration Certification** & **CPI=Crisis Prevention Intervention) (Please circle the accordingly)**

gIIII

Applicant, Please Put A Circle Or Mark Beside What Documents You Have.

Please do not hesitate if there are questions in reference to the completion of the application. Turn All Forms Back To All Heart Health Care, Inc. Management, With Any Of The Documents That Need Copies

I have reviewed the Application and attached documents and they are complete and ready for review. Copies of the above requested materials are attached. Applicant Signature: _____ Date: _____

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(Do not leave blanks. Information on resume must be on application)

PLEASE PRINT CLEAR
DATE OF APPLICATION: _____

Last Name	First Name	MI

Maiden Name (If Applicable)	Social Security Number
Present Address (Street Number)	City, State Zip Code

Home Phone #	Cell Phone #	Work Phone #	Emergency Phone #

Email Address:	Name of Person If Referred:
Have you ever worked for us before? ☐ Yes ☐ No	Are you at least age 18? ☐ Yes ☐ No
Do you have the right to work in the US? ☐ Yes ☐ No	Date of Birth: Month_____/Day_____/Year_____
Are you employed now? ☐ Yes ☐ No	Why do you desire a change?
Please circle gender identify for placement purposes only: Male Female	Circle The Position Applying for? DSP PA LPN RN THERAPIST MANAGEMENT OFFICE ADMIN. OTHER (Please list)
Availability you can work (Circle) - Mon Tue Wed Thu Fr Sat Sun	How soon can you report for work?

Type: ☐ FT ☐ PT ☐ Weekend ☐ PRN ☐ FLEX HOURS	Shifts you can work (Circle): 1st 2nd 3rd 7a/3p 3p/11p 11p/7a 7a/7p 7p/7a	Do you have Relias Training? Proof of Training ☐ Yes ☐ No

Indicate what current certifications / training you possess (check): ☐ CPR ☐ 1st Aid ☐ CPI ☐ Med Admin ☐ Other List Below

List all Other Training you have Pertinent to this position: _____, _____, _____, _____, _____.

Have you ever been dismissed/ asked to resign from employment? ☐ Yes ☐ No

If yes, explain

Did any dismissal or requested resignation involve **abuse, neglect or any act of aggression**? ☐ Yes ☐ No

If yes, explain

Have you ever been convicted of a **felony**? ☐ Yes ☐ No List:	Have you ever been convicted of a **Misdemeanor**? ☐ Yes ☐ No List:

If yes please explain and provide either conviction of **felony** or **misdemeanor**, provide the state occurred, conviction date, court and place where offence occurred; _____

_____

_____

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Have you ever been required to register as a sexual offender? ☐ Yes ☐ No

If yes, explain

Do you have a valid Driver's License? ☐ Yes ☐ No	DL Number	DL issued in what State
Type of Auto Insurance: ☐ Liability Only ☐ Full Coverage	Any Traffic violations within the past 5 years?	

It is the policy of the State of Tennessee to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, **unless to do so would cause undue hardship or a direct threat.**

When an applicant or employee needs an accommodation, the individual or his or her representative must let the agency know as soon as possible that he or she needs an adjustment or change at work for a reason related to a medical condition or disability with the proper documentation.

Will you the applicant or employee, be needing any reasonable accommodations or adjustments to preform your job if hire? Yes ☐ No ☐ (Requests should be submitted directly to the agency's ADA Coordinator or Human Resource Director if there is an availability in which you are applying for a position).

EDUCATION

High School City/State	Did you graduate ☐ Yes ☐ No	Year:
College/University/Trade School City/State	Degree Earned: ☐ Yes ☐ No	Year:

Interviewer Comments:

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(Applicant is to fill out top part – at least 5yrs. (five) of employment. Any Gaps complete section providing explanation)

1. Employment Reference Check

Name of Applicant _____ Soc Sec # _____

Name of Reference Source & Title _____ Fax _____

Name of Company _____ Phone _____

May we use this employer as a reference? ☐ Yes ☐ No

I authorize the above person or company representative to disclose the following information about my employment with them from the following: Hire Date _____/_____/_____ Date Left _____/_____/_____

Position Held While Employed _____ Rate of Pay _____

Brief Job Responsibilities: _____

_____

Applicate Signature: _____ Date: _____

(The section below is to be completed ONLY by an authorized representative of the above-named company or All Heart Health Care Ministry.)

Reference check conducted – (mark the one that applies) → Phone Reference ◯ Via-Email or Mail ◯

Name of Person spoke with: _____ Title: _____

1. Time frame the staff/applicant worked for company? From _____ To _____

2. Job-Title at the time of employment? _____ Would you re-hire him/her? _____

Our Agency AHHCM provides twenty-four hour supports to adults and children with developmental disabilities. Do you know of any reason(s) why he/she would be unable to provide those supports to the population which we serve? In addition, would the staff/applicant be able to provide services without direct supervision?

If yes, please explain:

Additional Space Provided If Employment Has Gap In Time Frame From One Job To The Next. (Example-school, illness)
Comments/Note's: _____

_____

_____

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2. Employment Reference Check

Name of Applicant _____ Soc Sec # _____

Name of Reference Source & Title _____ Fax _____

Name of Company _____ Phone _____

May we use this employer as a reference? ☐ Yes ☐ No

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Position Held While Employed _____ Rate of Pay _____

Brief Job Responsibilities: _____

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(Applicant is to fill out top part – <u>at least 5yrs.</u> (five) of employment. Any Gaps complete section providing explanation)

3. Employment Reference Check

Name of Applicant _____ Soc Sec # _____

Name of Reference Source & Title _____ Fax _____

Name of Company _____ Phone _____

May we use this employer as a reference? ☐ Yes ☐ No

I authorize the above person or company representative to disclose the following information about my employment with them from the following: Hire Date _____/_____/_____ Date Left _____/_____/_____

Position Held While Employed _____ Rate of Pay _____

Brief Job Responsibilities: _____

_____

Applicate Signature: _____ Date: _____

(The section below is to be completed <u>ONLY</u> by an authorized representative of the above-named company or All Heart Health Care Ministry.)

Reference check conducted – (mark the one that applies) → Phone Reference ◯ Via-Email or Mail ◯

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If yes, please explain:

Additional Space Provided If Employment Has Gap In Time Frame From One Job To The Next. (Example-school, illness)
Comments/Note's: _____

_____

_____

_____ _____

AHHCM Signature **Title** **Date**

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(Applicant is to fill out top part – at least 5yrs. (five) of employment. Any Gaps complete section providing explanation)

4. Employment Reference Check

Name of Applicant _____ Soc Sec # _____

Name of Reference Source & Title _____ Fax _____

Name of Company _____ Phone _____

May we use this employer as a reference? ☐ Yes ☐ No

I authorize the above person or company representative to disclose the following information about my employment with them from the following: Hire Date _____/_____/_____ Date Left _____/_____/_____

Position Held While Employed _____ Rate of Pay _____

Brief Job Responsibilities: _____

_____

Applicate Signature: _____ Date: _____

(The section below is to be completed ONLY by an authorized representative of the above-named company or All Heart Health Care Ministry.)

Reference check conducted – (mark the one that applies) → Phone Reference ◯ Via-Email or Mail ◯

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If yes, please explain:

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Comments/Note's: _____

_____

_____

_____ _____

AHHCM Signature **Title** **Date**

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I understand and agree:

1. I hereby give consent for All Heart Health Care Ministry, Inc., to perform a complete background investigation as required under the laws of the State of Tennessee. I understand this investigation may include, but is not limited to, my driving record, criminal records and references. I understand that negative information may affect by eligibility for employment and shall not be considered discrimination by the company.
2. Any material misrepresentation or deliberate omission of facts in this application may be justification for refusal of or termination from employment.
3. All Heart Health Care Ministry, Inc. will run a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorized such investigation and the exchange of information requested by All Heart Health Care Ministry, Inc. I release from liability any person giving or receiving any such information. I understand that falsification of facts so given, or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal. I understand that falsification of facts so given, or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
4. I authorize any physician or hospital to release information, which may be necessary to determine my ability to perform the duties of a job for which I am being considered.
5. After a conditional offer of employment has been made with All Heart Health Care Ministry, Inc.**,** I agree to take a medical examination by a qualified physician at the discretion of my employer.
6. I understand that management makes every effort to schedule employees to accommodate individual preferences and religious beliefs. However, the needs of the individuals supported may require overtime, rotation work schedules and locations, and holidays.
7. This is an application for employment. I understand that no employment contract is offered or implied.
8. If I become employed, such employment is for no definite period of time. **All Heart Health Care Ministry, Inc.** may change wages, benefits and conditions of employment at any time.
9. If I become employed or receive a job status change after employment, I will serve a 90-day conditional probationary employment period.
10. If hired, I may be asked to sign a non-complete contract under company policy.
11. If employed I understand that I may be required to submit to fingerprinting, which will be submitted to the Tennessee State Bureau of Investigations for a complete criminal record check.
12. I consent to a drug screening as possible term or my employment and understand that I may be subject to random drug screening at any given time during my employment. Failure to comply with a drug screening or a positive drug screening may be cause for denial of employment or termination if employed.

I have read, understand, and agree to the above conditions.

Signature of Applicant _____ Date: _____

Printed Name of Applicant _____

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This application will be kept in an active file for 30 days.

STATEMENT FOR RELEASE OF INFORMATION

Date: _____

Name of Agency & Region: **All Heart Health Care Ministry, Inc. - Middle TN**

Full Name of Employee: _____

Previously used names (nicknames, maiden name, etc.) _____

SS#:

DL#:

State of DL:

Hire Date:

I, (name of employee or contractor) _____, certify and affirm that to the best of my knowledge and belief I have or have not (as applicable) 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 (All Heart Health Care Ministry, Inc. – Middle Region) and the State of Tennessee Department of Intellectual and Developmental Disabilities to have full and complete access to any and all personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

Signature of Employee: _____

Date: _____

Witness: _____

Date: _____

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Please List (3) Three Personal Character Reference Verifications
Personal Character References Must Have At Least 5yrs. (Five)
(Do Not use Family members)

I authorize the release of the following information regarding my Personal Character:

Applicant Signature: _____ **Date:** _____

#1. Name: _____ Relationship _____

Contact Number: _____ **How long have you known this candidate?** _____

DO NOT FILL OUT BELOW: FOR OFFICE USE ONLY

If you were to describe this person, what would say in about them.....

Honest Responsible Team Player Reliable Fun Listener Dependable

Comments: _____

Communicated by Telephone _____ Fax/Email _____ Completed by: _____ Date: _____

#2. Name: _____ Relationship _____

Contact Number: _____ **How long have you known this candidate?** _____

DO NOT FILL OUT BELOW: FOR OFFICE USE ONLY

If you were to describe this person, what would say in about them.....

Honest Responsible Team Player Reliable Fun Listener Dependable

Comments: _____

Communicated by Telephone _____ Fax _____ Completed by: _____ Date: _____

#3. Name: _____ Relationship _____

Contact Number: _____ **How long have you known this candidate?** _____

DO NOT FILL OUT BELOW: FOR OFFICE USE ONLY

If you were to describe this person, what would say in about them.....

Honest Responsible Team Player Reliable Fun Listener Dependable

Comments: _____

Communicated by Telephone _____ Fax _____ Completed by: _____ Date: _____

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□ Initial Hire
□ Re-check

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Background Investigation Requested By:
All Heart Health Care Ministry, Inc
321 Quecreek Circle
Smyrna, TN 37167

Background Investigation Compiled By:
Fowlers' Profile Links, Inc.
P. O. Box 291043
Nashville, TN 37229-1043

All Heart Health Care Ministry, Inc
1556

DISCLOSURE AND AUTHORIZATION FORM

(1) BACKGROUND INVESTIGATION QUESTIONNAIRE:

Name: _____
(Last) (First) (Middle Name)

Address: _____
(Street) (City) (State) (Zip Code)

Social Security Number: _____ Telephone Number: _____

Other Name (s):_____/_____
(Used Within the Last 7YRS. E.g. Maiden, Other Married Names) Year of Name Change

Driver's License Number: _____ State _____ Date of Birth: _____

Name on Driver's License:_____

Previous Residential Addresses (Previous 7 years):

Former Address:

_____ _____
Street City State Years Resided

Former Address:

_____ _____
Street City State Years Resided

Former Address:

_____ _____
Street City State Years Resided

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last 7 years?
Yes _____ No _____

Are you currently charged or under investigation for any violation of the law other than minor traffic violations?
Yes _____ No _____

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DISCLOSURE AND AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

All Heart Health Care Ministry, Inc (Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **All Heart Health Care Ministry, Inc** to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** another outside organization acting on behalf of **All Heart Health Care Ministry, Inc**, and/or **All Heart Health Care Ministry, Inc** itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

NOTICE: Fowlers' Profile Links, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Fowlers' Profile Links, Inc. background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

SIGNATURE:_____ DATE:_____

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USE THIS SHEET TO PROVIDE AN EXPLANATION OF GAPS IN EMPLOYMENT

EMPLOYMENT GAP OF EXPLANATION FROM TIME FRAME _____ TO _____

EMPLOYMENT GAP OF EXPLANATION FROM TIME FRAME _____ TO _____

EMPLOYMENT GAP OF EXPLANATION FROM TIME FRAME _____ TO _____