



Employment Application

Date: _____

Homeview Center of Franklin considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. This facility is a smoke-free and drug-free workplace. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, OR IF YOU NEED AN ACCOMMODATION WITH RESPECT TO ANY OTHER ASPECT OF THE APPLICATION PROCESS, PLEASE MAKE YOUR REQUEST KNOWN IMMEDIATELY.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:	
Street Address:	City:	State:	Zip Code:
Phone Number:	Alternate Phone Number:	E-mail address (optional):	Social Security Number:

TYPE OF EMPLOYMENT DESIRED

Position(s) Applying For:				
Full-Time Days	Part-Time Evenings	Temporary Nights	PRN/Casual Rotating Shifts	Weekend Option Holidays/Weekends
Minimum Pay Acceptable: \$ _____ (Hourly/Salary)			Date Available: _____	

How Did You Learn About Us? (check all that apply)			
Advertisement	Friend	Walk-In	Employee Referral (Employee Name): _____
Relative	Internet	Job Fair	School/Clinical
Internship	Direct Mail	Recruiter	Other (please specify): _____

OTHER PERTINENT DATA

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Are you legally authorized to work in the United States?	Yes	No
Have you ever been convicted of a felony that has not been expunged or dismissed?	Yes	No
If Yes, please explain? _____		
Have you ever <u>applied to</u> or <u>worked at</u> a facility associated with TLC Management before?	Yes	No
If Yes, Where? _____ When? _____		
What position? _____		
Do you have any relatives currently working for a facility associated with TLC Management?	Yes	No
If Yes, what are their names? _____		
Relationship(s)? _____		
Are you currently employed?	Yes	No
If Yes, may we contact your present employer? Yes No		

EMPLOYMENT/VOLUNTEER WORK/OTHER WORK HISTORY

(Begin with most recent position.)

Please account for all your time during the past ten years, including jobs, volunteer work, schooling, unemployment, self-employment, military service, etc. (Use additional paper if necessary to provide more information.)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Employer Name: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Title: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Employer Name: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Title: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Employer Name: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Title: _____ Ending Salary: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

EDUCATION

	School Name, City and State	Years Completed	Did you Graduate?	Type of Diploma/Degree
GED			Yes No Date:	
High School			Yes No Date:	
College/University			Yes No Date:	
Trade, Business or Correspondence School			Yes No Date:	

LICENSE/CERTIFICATION/REGISTRATION

Do you have a current valid Health Care License, Registration, or Certificate	Yes	No
If yes, indicate type _____ Number _____ Expiration Date _____ State Issued _____		
Are there any current restrictions on your license?	Yes	No
If yes, Explain _____		

PERSONAL REFERENCES

List at least three personal references that we may contact. (Please do not include relatives.)

Name:	Address:	Telephone Number: ()	Years Known:	Occupation :
Name:	Address:	Telephone Number: ()	Years Known:	Occupation :
Name:	Address:	Telephone Number: ()	Years Known:	Occupation :

CERTIFICATE OF APPLICATION

(Please read carefully)

I certify that all information submitted by me on this application is true and complete, and I understand that any false statements or omissions shall be sufficient cause for denial of employment or dismissal, regardless of time of discovery by this facility.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my **employment** is **at-will** and can be terminated at any time, with or without notice, for any reason. I also understand that while personnel policies, programs, and procedures may, out of necessity change from time to time, such **at-will** status is not subject to change absent a written agreement signed by the President of this facility or a designated authorized representative. This facility reserves and retains the right to make changes in terms and conditions of my employment as the employer determines to be appropriate. I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my department head or administrator of this facility.

I understand and agree that this facility supports the **Drug Free Workplace** concept and as such may require me to submit to a drug test as a condition of employment or continued employment. These drug tests may be administered at anytime. Refusal to submit to any drug test or falsification of samples for such tests will disqualify me as an applicant or will result in immediate termination of employment. I also understand that any offer of employment is contingent upon satisfactory completion of a job related **post-offer medical examination**.

I understand that I am consenting to a **criminal check** as a condition of employment. If any criminal check discloses any felony convictions, which have not been expunged, any offer of employment already made will be withdrawn.

I understand that my employment is at-will, and that either party is free to terminate the employment relationship at any time with or without notice for any reason or no reason at all. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

AUTHORIZATION TO MAKE CONTACT AND HOLD HARMLESS:

I hereby acknowledge notification, in compliance with the Fair Credit Reporting Act, and do authorize this facility to make such investigations of my personal, employment, financial, or other related matters as deemed necessary. I hereby release this facility and all present and former employers, schools, businesses, agencies and/or individuals contacted in connection with this application from any and all liability and indemnify and hold harmless all such parties for any and all disclosures made to or by them in good faith relating to my employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT:

I certify that I have read, fully understand and accept all terms of the foregoing statements.

Applicant's Signature: _____ **Date:** _____

Applicant's Name (print): _____
First
Middle
Last

(For Human Resources Use Only)

Interviewed by: _____ Position: _____ Date: _____

Interviewed by: _____ Position: _____ Date: _____

Interviewed by: _____ Position: _____ Date: _____

References sent: _____ References Received: _____

Offer extended by: _____ Date: _____ Rate: _____