

ADULT COMMUNITY TRAINING (ACT)

5410 HIGHWAY 321 NORTH

LENOIR CITY, TN 37771

865.986.6182

<http://adultcommunitytraining.org>

Date _____

Name _____
(First) (Middle) (Last)

Maiden Name _____

Address _____ No. of Years _____

City _____ State _____ Zip _____

Phone Number: Home - (____) _____

Cell - (____) _____

Email: _____

Previous Address _____ No. of Years _____

City _____ State _____ Zip _____

Position Desired _____

What type of employment are you seeking? (Please mark the appropriate box)

Full Time ___ Part Time ___

Social Security Number _____

Date available for employment _____

Are you a citizen of the United States? ___ Yes ___ No

If not, do you possess an alien registration card? ___ Yes ___ No

If yes, give alien registration number _____

Are you on layoff and subject to recall? ___ Yes ___ No

Can you travel if a job required it? ____ Yes ____ No

Do any of your friends or relatives work here? ____ Yes ____ No

If any, list names _____

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, explain _____

EDUCATION

Circle the highest grade completed

High School	Tech School	College	Graduate School
9 10 11 12	2	1 2 3 4	1 2 3 4

High School _____ Date of Graduation _____

Location _____

College _____ Date of Graduation _____

Location _____

Graduate School _____

Location _____

Apprentice, Business, Technical, Military, or Vocational School:

Other Training or skills (Factory or Office Machines Operated, Special Courses, Military Training, etc.):

State any additional information you feel may be helpful to us in considering your application:

Summarize special skills and qualifications acquired from employment or other experiences:

REFERENCES
(Must be completed fully)

Give names, addresses, and phone numbers of three references.

These references cannot be related to you.

One of the references listed must have known you at least 5 years.

Name: _____

Address: _____

Phone: (____) _____

Years known: _____ Relationship: _____

Name: _____

Address: _____

Phone: (____) _____

Years known: _____ Relationship: _____

Name: _____

Address: _____

Phone: (____) _____

Years known: _____ Relationship: _____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Name (Please Print): _____

Signature of applicant: _____

Date: _____

EMPLOYMENT EXPERIENCE

List all employment starting with present or most recent employment. Account for all periods, including unemployment and service with the Military. Also include relevant voluntary and/or part time work experience. Use additional sheet if necessary.

1. Name, address, and telephone number of most recent, or present, employer:

Name: _____

Address: _____

Telephone number: _____

Your job title and duties: _____

Date hired (month/day/year): _____

Date left (month/day/year): _____

Reason for leaving: _____

2 Name, address, and telephone number of previous employer:

Name: _____

Address: _____

Telephone number: _____

Your job title and duties: _____

Date hired (month/day/year): _____

Date left (month/day/year): _____

Reason for leaving: _____

3. Name, address, and telephone number of previous employer:

Name: _____

Address: _____

Telephone number: _____

Your job title and duties: _____

Date hired (month/day/year): _____

Date left (month/day/year): _____

Reason for leaving: _____

4. Name, address, and telephone number of previous employer:

Name: _____

Address: _____

Telephone number: _____

Your job title and duties: _____

Date hired (month/day/year): _____

Date left (month/day/year): _____

Reason for leaving: _____

BASIC ACT EMPLOYMENT REQUIREMENTS

- 1. Agree to participate in individual testing for use of illegal drugs.**
- 2. Agree to criminal background search, reference checks, and abuse registry checks.**
- 3. Agree to be screened for tuberculosis if required.**
- 4. An ACT applicant is disqualified if (one), of the following occur:**
 - Listed on Abuse Registry**
 - DWI/DUI**
 - Reckless driving**
 - Suspended license**
 - Speeding 25 mph or above speed limit**
 - Drug offense**
 - Hit and run/Leaving the scene of an accident**
 - Two or more at fault accidents**
 - Three or more moving violations in the past three years**
 - Less than three years as a licensed driver**
 - Anyone with a temporary driver's license**
 - Open container violation**
 - Vehicle manslaughter/homicide**
 - Committing a felony with a motor vehicle**
 - Eluding a police officer**
 - Speed contest or racing violation**
 - Passing a stopped school bus**
 - Doing 10 mph or over in a school zone**
 - Lending license to another person**

Should you become an employee of ACT, you may be required to obtain and maintain a Class D Tennessee Driver's License. Your supervisor will inform you of when this license needs to be obtained.

SIGNATURE _____ DATE _____

ADULT COMMUNITY TRAINING

DRUG-FREE WORKPLACE STATEMENT FOR ALL APPLICANTS

Adult Community Training provides a drug-free workplace. As an applicant for employment, I understand and agree that I will be asked to complete a pre-employment drug screening. Further, if employed, I agree to participate in random drug screenings.

I understand that my application for employment will not be under consideration in the following events:

1. I refuse to sign this agreement;

Or

2. I test positive for illegal drugs during the initial test.

**I, _____, the undersigned, do agree to the terms herein
(please print)**

outlined, and any present or future drug policies that Adult Community

Training finds to be necessary to preserve a drug free work environment this

_____ day of _____, 20_____.

Applicant's Signature

ADULT COMMUNITY TRAINING

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

I, _____, the undersigned, do herewith give my consent for Adult Community Training (ACT) to complete a background check which may include (but not limited to) a search through the files of the National Crime Information Computer (NCIC), local law enforcement checks, MVR's, Tennessee Department of Safety motor vehicle checks, and any other reasonable information resources that may be available.

I understand that this information shall be confidential.

(First) (Middle) (Last)

Social Security Number

Driver's License Number/State of Issue

Signature

Date

(DO NOT WRITE BELOW THIS LINE)

RESPONSE:

BY: _____ **DATE:** _____

SIGNATURE _____

STATEMENT FOR RELEASE OF INFORMATION

Name of Agency & Region: Adult Community Training, East TN

Full Name of Applicant: _____

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

SS#: _____

Driver's License #: _____

State of Driver's License: _____

I, _____, the undersigned applicant, certify and affirm that to the best of my knowledge and belief I (PLEASE CHECK THE CORRECT RESPONSE)

_____ have

_____ have not

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 Adult Community Training, Inc., and the Tennessee Department of Intellectual and Developmental Disabilities (DIDD) and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity or agency, whether governmental or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment, or exploitation and to consider this information as may be deemed appropriate. This authorization extends to providing any applicable information in personnel or investigative reports concerning my employment with this employer to my future employers who may be providers of services under contract with DIDD.

Applicant

Witness

Date: _____

Date: _____

Hunter Investigations

Employment Screening and Credit History Authorization

Under the applicable provisions of the Federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. This report will be used for employment purposes only, and will be processed by Hunter Investigations (Hunter), a private investigation agency, whose mailing address is 119 N Gateway Avenue, Rockwood, TN 37854 (Office: 865-354-0077). An investigation into your workers compensation and/or industrial accident background may also be conducted according to the provision of the Americans with Disabilities Act (ADA). Hunter Investigations conducts business according to all applicable federal and state laws. Hunter agrees to use its best and most precise efforts to furnish its "client", (defined as a business, company, employer, or organization, which contracts with Hunter to provide employment screening services to them), with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by Hunter. Sources also include contact by telephone, fax, U.S. mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, Hunter cannot guarantee the accuracy of the information provided by the sources, which included courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

I, the undersigned, have read and fully understand the above notice. I hereby authorize Hunter to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize Hunter to verify the facts stated by me on the attached application and/or resume. I agree not to hold Hunter responsible in any manner for errors in information provided to Hunter by any of the sources Hunter uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold Hunter responsible for reports deemed by me to be incorrect, when Hunter had, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above:

Employer: Adult Community Training

Date: _____

Applicant's Printed Name: _____

Applicant's Signature: _____

Social Security Number: _____

Residential Address (Not a PO Box):

Driver's License Number: _____ State:

I understand that all areas of the application must be completed fully in order to process my application. Failure to do so will stop the application from being processed and prevent me being considered for employment with Adult Community Training.

Also, the Applicant must provide a copy of their Social Security card and Driver's License when completing this application.

Applicant

Date

Referred by: _____