

ADULT COMMUNITY TRAINING (ACT)

5410 HIGHWAY 321 NORTH

LENOIR CITY, TN 37771

865-986-6182

www.adultcommunitytraining.org

Date _____

Name _____

(First)

(Middle)

(Last)

Maiden Name _____

Address _____ Number of years _____

City _____ State _____ Zip _____

Phone Number(s) _____

Email _____

Previous Address _____ Number of years _____

City _____ State _____ Zip _____

Position Desired _____

What type of employment are you seeking? 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 _____

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

If any, list names _____

Referred by: _____

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

If yes, explain _____

EDUCATION

Circle the highest grade completed:

High School: 9 10 11 12

Tech School: 1 2

College: 1 2 3 4

Graduate School: 1 2 3 4

High School _____ Date of Graduation _____

College _____ Date of Graduation _____

Graduate School _____ Date of Graduation _____

REFERENCES

Give names and phone numbers of three personal references.

These references cannot be related to you.

Name: _____

Phone: _____

Years known: _____ Relationship: _____

Name: _____

Phone: _____

Years known: _____ Relationship: _____

Name: _____

Phone: _____

Years known: _____ Relationship: _____

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: _____

Telephone number: _____

Your job title: _____

Date hired (month/day/year): _____

Date left (month/day/year): _____

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

Name: _____

Telephone number: _____

Your job title: _____

Date hired (month/day/year): _____

Date left (month/day/year): _____

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

Name: _____

Telephone number: _____

Your job title: _____

Date hired (month/day/year): _____

Date left (month/day/year): _____

BASIC ACT 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. **Agree to be disqualified from employment consideration if listed on any abuse registry.**
5. **An ACT applicant is disqualified from any employment that requires driving if (one) of the following have/has occurred:**
 - **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**
 - **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**
 - **Driving 10 mph or over in a school zone**
 - **Lending license to another person**

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 outlined, and any present or future drug policies that Adult Community Training finds to be necessary to preserve a drug free work environment.

Applicant's signature

Date

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 future employers who may be providers of services under contract with DIDD.

Hunter Investigations
Background Request
Authorization and Order Form

This report will be processed by Hunter Investigations (Hunter), a professional investigation agency, whose mailing address is 119 N Gateway Avenue, Rockwood, TN 37854 (Office: 865-354-0077). 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), 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 government information services utilized by Hunter. 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. This is NOT a CONSUMER REPORT and does not constitute a "consumer report" under the Fair Credit Reporting Act ("FCRA"). This report may not be used to determine the eligibility for credit, insurance, or any other purpose regulated under the FCRA.

This report may be used only in accordance with your Client Agreement, the Gramm-Leach-Bliley Act ("GLBA"), the Driver's Privacy Protection Act ("DPPA") and all other applicable laws.

I, the undersigned, have read and fully understand the above notice. I hereby authorize Hunter to investigate my employment history, criminal record, driving record, and information pertaining to a driver's license and commercial driving work history. 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, criminal record, and driving record. 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.

Client-ACT

Date: _____ Applicant's Printed Name: _____

Other Names Used, Maiden, ETC

Applicant's Signature: X _____

Social Security Number: _____

Residential Address (Not a PO Box): _____

Current Phone Number: _____

Date of Birth (for criminal and driving record checks):

Sex _____ Race _____

Driver's License Number: _____ State:

(Attach photocopy of driver's license)

Adult Community Training (ACT) is an equal opportunity employer. Adult Community Training provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Adult Community Training’s mission statement is facilitating equality. We believe in facilitating equality in all areas for all individuals, whether they may be people supported by ACT, people employed by ACT, people applying for any position with ACT, and all people that have contact with ACT in any role. This goes hand in hand with our vision statement, which is that Adult Community Training is a nonprofit operation with a vision that all people are an integral part of their community and have equal rights for work, living, and leisure. Adult Community Training strives to ensure that everyone associated with the agency (through support, employment, potential employment, and interaction of any kind with Adult Community Training) is given the tools and an environment to succeed.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

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 also understand that I am required to abide by all rules and regulations of the company.

Name (please print): _____

Signature of applicant: _____

Date: _____