



Please check to appropriate box

To the Prospective Employee

Thank you for applying to work at Senior Citizen Home Assistance Service Inc. We are a non-profit facility that provides homemaker services to the elderly and disabled. Our Caregivers do light housekeeping, laundry, personal care, medication reminders, meal preparation and the other necessary services for our clients. Renaissance Terrace is a non-profit facility that provides affordable living for the residents. Our Caregivers do laundry, personal care, and other necessary services for our residents.

Qualifications

1. One must be capable of comprehending written, verbal, and visual information.
2. He/She must have the ability to relate and maintain good relationship with older and disabled persons.
3. References from former employers are required.
4. Previous housekeeping or care giving experience helpful, but not required.
5. Willingness to work in client's home and have respect client's personal life and property

All Application Forms Must Be Completely Filled Out

**Check over your application carefully.
Insufficiently filled out applications are ineligible for consideration.**

Did you:

- Write out your driver's license number?
- Write out your automobile insurance information?
- Sign the police record, arrest record and driving history checks as the person releasing the record?
- List previous employers including a contact name and telephone number?
- List personal references including telephone number?

Please feel free to use our telephone books; we for this purpose.

We will process your application as quickly as possible. Please feel free to call the Human Resources Department to check on the status of your application – (865) 523-2920.

When you are called in for an interview, please bring the following items as a condition for employment:

- Statement from your physician that you are able to work
- Copy of \$50,000 Automobile Liability Insurance
- Copy of valid Tennessee Driver's License
- Copy of C.N.A. Certification Card (if applicable)
- Before you begin work, you will be required to have a TB Test, this may be obtained at the Knox County Health Department.



Application for Employment

Position Applying For

Position Title	Position Title	Position Title
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PERSONAL INFORMATION

Name (Last, First, Middle Initial)						
Current Address (Street, City, State, Zip Code)		How long have you resided here?				
Previous Address (Street, City, State, Zip Code)		How long did you reside there?				
Home Phone #	Cell Phone#	Work Phone#	E-mail Address			
In Case of an Emergency Notify:						
NAME:		Address				
City	State	Zip	Telephone()			
How did you <i>originally</i> find out about this job opening? Please list any specifics to help us identify successful recruiting sources.						
<input type="checkbox"/> On-Line Job Bank <input type="checkbox"/> Job Service/CPPC <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Professional Association <input type="checkbox"/> Referral (by whom?): _____ <input type="checkbox"/> Other (Please Explain) : _____						
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security Number _____ Do you have a car available for Work? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License's Number _____ Do you have Automobile Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Company: _____ Phone: _____ State: _____ Have you ever been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when, where, and what was the disposition of the case? _____ _____						
To what professional organizations do you belong which you consider relevant to your ability to perform this work? _____ _____						
Are you a Certified Nursing Assistant? <input type="checkbox"/> Yes <input type="checkbox"/> No (Year Certified) _____						
What are the names of relatives already employed by the company or a competitor? _____ _____						
Please indicate the hours you are available to work during both day and evening (i.e., 2-4 p.m., 6-10 p.m.)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Note: Should your availability change, it is your responsibility to notify your supervisor						
Minimum Acceptable Wage?			Date Available for Employment?			

EDUCATION: What is the highest grade completed? 9 10 11 12 GED

Name of School, College or University	Date Attended From To	Type of Degree	Major / Hours	Year Earned

EMPLOYMENT HISTORY – List all employment *starting with the most current position held*. Show employment history for at least 10 years or from the time you left school. Explain gaps in employment history. You may attach a resume, **but you must complete the employment section**. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: To:		Position Title		
Salary Start: \$ Final: \$		Organization Name/Phone Number		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk				
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:		Reason For Leaving:
Duties:				
Dates Employed (month/year) From: To:		Position Title		
Salary Start: \$ Final: \$		Organization Name/Phone Number		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk				
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:		Reason For Leaving:
Duties:				
Dates Employed (month/year) From: To:		Position Title		
Salary Start: \$ Final: \$		Organization Name/Phone Number		
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May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:		Reason For Leaving:
Duties:				
Dates Employed (month/year) From: To:		Position Title		
Salary Start: \$ Final: \$		Organization Name/Phone Number		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk				
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:		Reason For Leaving:
Duties:				

PERSONAL REFERENCES – List six personal references who are not relatives. Of the six, **three** must be individuals

you have known for **five years**.

Name	Type of Reference	Occupation & Company	Address (Street, City, State, Zip)	Telephone and E-Mail Address

PLEASE READ CAREFULLY AND SIGN - The facts set forth in my application are true and complete. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Senior Citizens Home Assistance Service, Inc. or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice.

I also understand that neither this application nor a commitment of employment by Senior Citizens Home Assistance Service, Inc. constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Senior Citizens Home Assistance Service, Inc. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for positions at Senior Citizens Home Assistance Service, Inc.

Applicant's Signature _____ Date _____

Office Use Only

Hiring Information	
Interview Date: _____	C.N.A.: _____ Yes _____ No
Orientation Date: _____	Hiring Date: _____
Suggested Pay Rate: \$ _____	Signature: _____ Date: _____
Adjustments:	
Adjustments: \$ _____	Signature: _____ Date: _____

Home Office
P.O Box 3025
Knoxville, TN 37927
(865)523-2920
Fax: (865)637-3817

Senior Citizens Home Assistance Service/Renaissance Terrace

Phone
Fax
Mail

Employee Reference Form

Attention Personnel of: _____

One of your former employees has applied for employment with Senior Citizens Home Assistance Service or Renaissance Terrace. All of our employees have considerable contact with our elderly and disabled clients and their families. We attempt to hire those most suited to this work environment. Honesty, a positive attitude, patience, and good "people" skills are a must! Would you please verify and complete this form at your earliest convenience and return to our office. It is understood that information provided by you will be held in strictest confidence. Thank you for taking the time to complete this reference check.

Sincerely,

I authorize the above named employer to furnish Senior Citizens Home Assistance Service, Inc with the information requested on this form. You are hereby authorized to give all information regarding my service, character and conduct while in your employ; and you are released for any and all liability, which may result from furnishing such information.

Applicant's Signature

Name of Applicant _____ Maiden Name _____

Social Security Number _____ Position Held _____

Please evaluate applicant:

	Poor	Good	Very Good	Excellent
Attendance				
Cooperation				
Accepts Supervision				
Emotional Stability				
Personal Appearance				
Dependable				
On Time				

Reason for Leaving _____

Dates Employed _____

Eligible for re-employment: Yes ___ No ___ If not, please explain _____

Comments: _____

Checked by

Spoke with

Date

Please circle: Phone

Fax

Mail

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Spoke with _____

Date _____

Please circle: Phone Fax Mail

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Reason for Leaving _____

Dates Employed _____

Eligible for re-employment: Yes ___ No ___ If not, please explain _____

Comments: _____

Checked by _____ Spoke with _____ Date _____

Please circle: Phone Fax Mail

ADP Screening and Selection Services offers this form as a service to our clients. Please feel free to copy this form for your own use. This document is compliant with the requirements of the FCRA in its original format. However, if you chose to modify this document, ADP cannot guarantee it will remain compliant with all federal and state regulations. Please have any modifications reviewed by competent legal counsel.

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the "Summary of Your Rights under the Fair Credit Reporting Act" document.

By your signature below, you hereby authorize us to obtain a consumer report or investigative consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

GIVE COPY WITH SUMMARY OF RIGHTS TO APPLICANT. RETAIN A COPY FOR YOUR FILES.

ADP Screening and Selection Services offers this form as a service to our clients. Please feel free to copy this form for your own use. This document is compliant with the requirements of the FCRA in its original format. However, if you chose to modify this document, ADP cannot guarantee it will remain compliant with all federal and state regulations. Please have any modifications reviewed by competent legal counsel.

Release Authorization

Applicant Complete the Following

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to _____. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female Race: Asian Black Hispanic White Other

Driver's License Number State Issuing License

Name as it appears on license

Signature Today's Date

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My Commission Expires

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identify theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051