

Mid-TN Employment Application



ATTN: Applicant

You may complete the attached questionnaire and application at home and bring it into the agency office between **10am** and **2pm Monday** through **Thursday** for staff to **review** with you and complete your initial interview. Incomplete application packets **cannot** be considered for employment and **will not** be processed. We **do not** meet with **walk-in** applicants except at those specified times. Please **DO NOT CALL** about your application unless we have requested that you do so. Office staff will contact you if we believe we have a suitable position and wish to see you for a second interview. **Thank you.**

We appreciate your interest in employment with our agency. Be advised that the starting pay for PRN DSP is \$7.50 per hour. In order to be considered for any position within Mid-TN you will need to ensure you have done the following things:

1. **Fully complete a Mid-TN employment application with questionnaire**
 - a. Leave no blanks in employment history and list every employer or position which you have had for at least the **LAST FIVE YEARS** and **at least 3** former employers. Please list your supervisor or the owner's name and a contact phone number.
 - b. If you have not been employed consistently for the past 5 years, please explain why. Be sure to explain ANY GAPS in your employment history.
 - c. You must provide us with at least three personal references with phone numbers, their relationship to you and how long you have known each other. One of these references must have known you for at least five years.
2. **Provide us a copy of your current and valid Tennessee Driver's License and Social Security Card or Passport** (office staff can help you make copies).
3. **Sign and Date at the bottom of page 3, 4, and 5 of the application stating that the information you have given us is true and complete to the best of your knowledge.**
4. **Complete and sign the Statement for Release of Information. The "Protection from Harm Statement" asks that you circle either have or have not and initial at the end of the paragraph.**
5. **Complete and sign the background investigation "Disclosure and Authorization" form, keeping the last two pages for your information.**
6. **Criminal Background Check Exception Request** : Upon completion of your criminal background check should the findings prevent Mid-TN from offering employment, you have a right to an "Exception Request". You will be required to provide additional information as part of this process for our consideration. To make an "Exception Request" please email our Hiring and Training Coordinator via applications@midtn.org.



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Applicant Questionnaire
Page 1

Applicant Name: _____ **Date:** _____

Telephone Number: _____

WHAT DAYS OF THE WEEK AND HOURS OF THE DAY YOU ARE AVAILABLE? *Please be specific and list below:*

| Circle Availability | | FROM: (List Specific Time) | TO: (List Specific Time) | Referral: Did a Mid-TN employee or Person Supported by Mid-TN refer to you to Mid-TN for Employment? YES: _____* No: _____ *WHO?: _____ If not – where did you hear about us? |
|---------------------|----------|----------------------------|--------------------------|---|
| Mon | Yes / No | AM / PM | AM / PM | |
| Tues | Yes / No | AM / PM | AM / PM | |
| Wed | Yes / No | AM / PM | AM / PM | |
| Thurs | Yes / No | AM / PM | AM / PM | |
| Fri | Yes / No | AM / PM | AM / PM | |
| Sat | Yes / No | AM / PM | AM / PM | |
| Sun | Yes / No | AM / PM | AM / PM | |

List any hours/days which you **cannot** work: _____

Your application cannot be processed if you do not provide the following:

Applicants will **not** be considered for employment unless they can pass these additional requirements:
Criminal Background Check, Felony Offender Check, Sex Abuse Registry, OIG Exclusion List, have an auto in good working order, and possess liability Insurance.

Please describe your experiences working with people with disabilities? Do you enjoy this work? Why? *Be specific.* _____

Have you worked with people who may become aggressive either physically or verbally towards self and/or others (including you)? Describe your experiences and how you responded in such situations. _____

Have you worked with people who require the use of a wheel chair and require total or partial assistance? How comfortable are you in this capacity? Please explain about your experience and abilities in this area. _____

Do you have experience in helping people get ready for their day &/or assisting them enjoying snacks/meals? Are you willing to learn and perform proper techniques for these activities? (*explain*) _____

Do you have experience taking tests, performing tasks & completing paperwork electronically on a computer? Describe your comfort or skill level with a computer. _____

Describe your greatest personal strengths. What are you really good in? _____

What are your weaknesses? _____
 How would you like to improve your skills or personal traits? _____

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Applicant Name: _____ **Date:** _____

Staff is available to accept walk-in applications and complete an initial interview **Monday through Thursday from 10am to 2pm.**

615/ 367-0592 ext 105 Fax: 615/ 399-8407

E-Mail: applications@midtn.org

*Please answer **all** questions! Incomplete or unsigned applications **will not** be processed!*

Name _____ Cell # _____

Address _____ Home # _____

City, State, Zip _____

Email address _____

Driver License # _____ Soc. Sec. # _____

Emergency Contact _____ Phone # _____

Relationship _____

What languages are you fluent in other than English? _____

Have you ever been convicted of a crime? _____ If **yes, please explain: _____

Have you ever been required to register as a sex offender? _____ If **yes, please explain: _____

Education:

| | Name | Address | Degree? Yes/No | List Years you attended: (ex 2012-2016) | Major/Study |
|-------------------------|------|---------|-------------------|---|-------------|
| High School | | | | | |
| High School | | | | | |
| College/Trade School | | | | | |

Describe other special training, skills, and qualifications:

Do you have any hobbies, special interests, volunteer experience, community involvement or awards?

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Name _____

Page 3

Employment Experience: Start with present or last job. The last **FIVE YEARS** *must* be verified. Include **ALL** jobs held for at least **3** months, numbers, & contacts. **GAPS** in employment must be explained. It is important that this information is correct & complete as we verify **ALL** former employment. See pg 4 for additional spaces.

| | | |
|---------------------------|----------------------------|-------------------|
| Employer | Start Date | End Date |
| Address | Phone # | Duties |
| | Full Time/Part Time | Pay/Salary |
| Supervisor | | |
| Reason for Leaving | | |

| | | |
|---------------------------|----------------------------|-------------------|
| Employer | Start Date | End Date |
| Address | Phone # | Duties |
| | Full Time/Part Time | Pay/Salary |
| Supervisor | | |
| Reason for Leaving | | |

| | | |
|---------------------------|----------------------------|-------------------|
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| | Full Time/Part Time | Pay/Salary |
| Supervisor | | |
| Reason for Leaving | | |

| |
|--|
| <p>Information requested pertaining to sex, race, and date of birth is needed for federal reporting purposes. Providing this information is optional.</p> <p> <input type="checkbox"/> Female <input type="checkbox"/> Male Race: _____ Date of Birth: _____ </p> |
|--|

I certify the information provided in this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained on this application for employment as may be necessary, including a criminal background check. In the event I am offered employment, I understand false or misleading information on my application or interview may result in termination.

Signature of Applicant: _____ **Date:** _____

Mid-TN Employment Application

Name _____

Employment Experience: Start with present or last job. The last **FIVE YEARS** *must* be verified. Include **ALL** jobs held for at least **3** months, numbers, & contacts. **GAPS** in employment must be explained. It is important that this information is correct & complete as we verify **ALL** former employment.

| | | |
|---------------------------|----------------------------|-------------------|
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Signature of Applicant: _____ **Date:** _____

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PERSONAL REFERENCES

Give name, address and telephone number of at least 3 references who are **NOT** previous employers. Teachers, Coaches, or Pastors can be listed. *At least **ONE** personal reference must have known you at least **5 years**.*

| | |
|---------------------------|----------------------------------|
| Personal Reference | Phone # |
| Address | Relationship |
| | Known for how many years? |
| | |

| | |
|---------------------------|----------------------------------|
| Personal Reference | Phone # |
| Address | Relationship |
| | Known for how many years? |
| | |

| | |
|---------------------------|----------------------------------|
| Personal Reference | Phone # |
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Signature of Applicant: _____ **Date:** _____

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STATEMENT FOR RELEASE OF INFORMATION

Date: _____ Hire Date: _____

Name of Agency & Region: MID-TN SUPPORTED LIVING, INC. Middle Tennessee

Full Name of Employee: _____

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

DOB: _____ SS#: _____

DL: _____ State of DL: _____

Read the following with care and circle either **HAVE** or **HAVE NOT**:

I, _____ (name of applicant),

certify and affirm that to the best of my knowledge and belief

I have or have not (circle one 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 Mid-TN Supported Living, Inc. and the Tennessee Division of Mental Retardation Services to have full and complete access to any and all current or prior personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

Signature of Applicant or Employee: _____ Date: _____

Signature of Witness: _____ Date: _____

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Background Investigation Requested By:
Mid-TN Supported Living, Inc.
1161 Murfreesboro Pike, Suite 215
Nashville, TN 37217
Fax: 615-874-0905

Background Investigation Compiled By:
Fowlers' Profile Links, Inc.
P. O. Box 291043
Nashville, TN 37229-1043
Fax: 615-874-0905

Mid-TN Supported Living, Inc.

DISCLOSURE AND AUTHORIZATION FORM

BACKGROUND INVESTIGATION QUESTIONNAIRE:

Name: (Last) (First) (Middle)

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

Social Security #: Telephone #:

Other Name(s): (Used within the last 7 yrs - e.g., Maiden, Other Married Names) Year of Name Change:

Driver License #: State: Date of Birth:

Name on Driver License:

Previous Residential Addresses (Previous 7 years):

Former Address: (Street) (City) (State) (Zip Code) (Years Resided)

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

Mid-TN Supported Living, Inc. 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 and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. 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 **Mid-TN Supported Living, 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.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

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 **Mid-TN Supported Living, Inc.** and/or **Mid-TN Supported Living, Inc.**, itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

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 of Applicant: _____ **Date:** _____

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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, D.C. 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, D.C. 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.

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☑☑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.

☑☑Identity 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 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, 1921 | Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051 |