



Easter Seals of Tennessee Application for Employment

This application must be completed in full for consideration. Please do not call the office. Applications are kept on file for six months. Please Print. Check boxes or circle Yes or No where applicable.

Date of Application ____/____/____

PERSONAL

Name: _____
 Last First Middle Social Security No.

Address: _____
 Street City State Zip

Telephone: Home () ____-____ Cell () ____-____ Other () ____-____

POSITION

Position Applied For: Direct Service Provider Job Coach Admin Volunteer LPN Camp

Date available to start work: _____ Starting hourly wage desired: _____

Type of employment desired: Full Time Part-Time Volunteer

Days Available to Work: _____

Are you available to work: Days Nights Weekends

I am available to work in the following locations:

- Lexington Parsons Scotts Hill Sardis McKenzie Huntingdon Paris Jackson
- Trenton Bells Henderson Humboldt Bradford

Referral Source: Newspaper Craigslist Sign Employee Relative Career Center

Have you ever been employed by Easter Seals? No Yes, when and in what position? _____

Did someone refer you to Easter Seals? No Yes, whom? _____

Do you have a relative(s) currently employed here? No Yes, whom? _____

What is your professional or personal experience with adults with developmental, intellectual, or physical disabilities? _____

EMPLOYMENT REQUIREMENTS

- Yes No Are you at least 21 years of age?
- Yes No Are you legally eligible for employment in this country?
- Yes No Have you had a valid TN driver's license for the past 3 consecutive years?
- Yes No Do you have a clean driving record?
- Yes No Do you have reliable transportation?
- Yes No Can you lift at least 50 pounds?
- Yes No Can you pass a pre-employment drug screen? (Testing facility is in Jackson, TN)
- Yes No Have you ever been convicted of any felony or misdemeanor?
- Yes No Have you ever been charged or convicted of a misdemeanor involving physical harm to a person including but not limited to neglect or abuse?
- Yes No Have you ever been charged or convicted of a misdemeanor involving financial harm or exploitation to a person including but not limited to theft, misappropriation of funds, fraud or

breach of fiduciary duty?

Yes No

Have you ever been charged or convicted of a misdemeanor involving illicit drugs, drug/alcohol misuse or sexual misbehavior (e.g., indecent exposure, voyeurism) within the last 10 years?

If you answered yes to any question above, please list conviction(s) and date(s):

(Charges or convictions may not bar you from employment; failure to list will result in termination if hired)

EMPLOYMENT HISTORY

List your last four (3) employers, assignments or volunteer activities, **starting with the most recent**, including military experience. Explain gaps in employment in comments section on next page.

Employer	Employment Dates From _____ To _____
City, State Telephone	Starting Wage _____
Job Title	Final Wage _____
Job Description	May we contact? YES NO LATER
Reason for leaving	

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Job Title	Final Wage _____
Job Description	May we contact? YES NO LATER
Reason for leaving	

Comments (including explanation of any gaps in employment) _____

EDUCATIONAL BACKGROUND

List Schools attended:

School	Degree/Diploma	Major/Minor
High School		
College		
Other		

PROFESSIONAL CERTIFICATIONS

Please provide copies of any certifications when you submit your application.

Certification	Expiration Date	Had But Not Current
Adult CPR		
First Aid		
Medication Administration for Unlicensed Personnel		
CNA, RN, LPN (Circle One)		
Core Trainings from a DIDDs Provider? (CDS, Relias computer trainings)		
Other		

Yes No Have your professional license or clinical privileges ever been revoked, suspended, reduced, limited, voluntarily surrendered or not renewed in this or any other state?

Yes No Have any malpractice claims ever resulted in a settlement against you?

Yes No Have you been involved in a DIDS investigation prior to this application?

If "Yes" to any of the above, please explain:

ADDITIONAL INFORMATION

List any additional information you would like us to consider, including skills and qualifications acquired from employment or other experiences that may qualify you for work with our company: (Exclude information, which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status information)

PERSONAL REFERENCES

List name and telephone number of three (3) personal references that are not related to you. NOTE: At least one of the personal references you list must have known you for at least 5 years.

Personal Reference (NO FAMILY)	Relationship to Reference (NO FAMILY)	Years Known	Phone Number

EMPLOYEE RELEASE AND PRIVACY STATEMENT

I understand that the company requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become employed. Therefore, I authorize the company to investigate my past employment, educational credentials and other employment related activities. I agree to cooperate in such investigations and release those parties supplying such information to the company from all liability or responsibility with respect to information supplied.

I understand that any false answers or statements, including the failure to give a complete disclosure of facts as requested on this application or any supplement thereto or in connection with the above mentioned investigations, will be sufficient grounds for failure to hire, or immediate termination of employment.

I agree that the company may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside the company in those cases where its agents and contractors need such information to perform their function, where the company legal interests and/or obligations are involved, or where there is a medical emergency involving me. I hereby release the company for any liability and agree to hold harmless any officer, director, agent or employee of the company who furnishes such information.

I understand that after a conditional offer of employment, I may be subject to satisfactorily passing a including a medical scan for illegal and/or non-prescription drugs by a health care provider designated by the company. I further agree to submit myself for random, or for cause, drug screens as required by the company.

If I am employed, and at any time suffer personal injuries for which I shall make a claim, I hereby agree to submit myself to examination by a doctor selected by the company and as often as deemed necessary and requested. Any failure on my part to comply with this request shall result in my claim being considered waived and any legal action abated. I further agree that in case of injury, where insurance is carried under an employer's compensation law, to waive all actions for damages and accept said insurance.

I understand that employment is "at will". Employment is not for a fixed time and may be discontinued, with or without notice or cause, by myself or the company. I understand that no employee, officer, representative or publication may obligate the company to anything contrary to the above.

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief; I ["have" or "have not," as applicable] 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 Easter Seals Tennessee, Inc., the Tennessee Department of Intellectual and Developmental Disabilities 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 DIDD services.

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

It is our policy to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, religion, national origin, sex, sexual orientation, age, veteran status or disability.

Questionnaire

Please answer the following questions:

1. What do you know about Easter Seals and the job of Direct Service Provider (DSP)?
2. What do you see as the key steps in establishing a solid working relationship with a person you are assigned to support?
3. The position of Direct Service Provider (DSP) involves helping people we support be as independent as possible. Assistance is provided with Activities of Daily Living (ADLs) and may include helping with meals, assisting with eating, toileting, bathing and dressing. Have you had any experience with this type of support? If so, describe a time that you provided this type of support.
4. Tell me about a time you worked/interacted with a person with a disability? (What type of disability a person had, comfort level interacting with that person, etc.)
5. You and a person being supported by our organization go to a restaurant. The person supported is very capable of ordering their meal without assistance. When the waiter is ready for your order they look at and speak to you instead of the person you are with. How would you handle this situation?
6. Why do you want a job working with individuals with intellectual and developmental disabilities?



Easter Seals

Tennessee

777-K West Church Street
Lexington, TN 38351
731.968.1050 phone
731.968.9003 Fax
www.tn.easterseals.com

APPLICANT REFERENCE CHECK CONSENT FORM

To:

Fax:

From: Human Resources
Easter Seals Tennessee
777-K West Church Street
Lexington, TN 38351
731.968.1050 Office 731.968.9003 fax

Date:

Applicant Name: _____ SSN: _____

The applicant listed above is being considered for employment by Easter Seals of Tennessee and has listed your organization as a current or former employer. Please complete the form below and fax back to our office at 731.968.9003.

Applicant's Authorization

I voluntarily consent to authorize Easter Seals or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that questions may be asked about my educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information and reason for separation from former employment.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with Easter Seals of Tennessee.

I also hereby release Easter Seals of Tennessee from all liability for damages or claims – including, but not limited to, defamation, interference with contract, and negligence – which may arise or result from any reference information gathered pursuant to this authorization.

Applicant's Signature: _____ Date: _____

-----Applicant, Please do not write below this line-----

Employee Name: _____

Company: _____

Job Title: _____

Start Date: _____

End Date: _____

Eligible for Rehire? No Yes

Please print name & title of person verifying information

Signature

Phone Number

Date



Easter Seals

Tennessee

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www.tn.easterseals.com

Date: _____

Agency & Region: Easter Seals Tennessee, Inc. –Middle & West Regions

Full Name of Employee (PRINT): _____

Previously Used Names (nicknames, maiden, etc.): _____

Social Security Number: _____ - _____ - _____

Driver's License State of Issue: _____

Driver's License Number: _____

Date of Hire: _____

I, _____, certify and affirm that to the best of my knowledge and belief I HAVE HAVE NOT (check one) 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 Easter Seals Tennessee, Inc. – Middle & West Regions and the Department of Intellectual and Developmental Disabilities 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.

Employee Signature: _____

Date: _____

Agency Witness: _____

Date: _____

**Permission to SHARE my
College of Direct Support Transcript**
Revision Date 02/29/12

This form is for employees who work for more than one agency.

First Name _____ Last Name _____
Learner's Name (Please Print)
Learner's ID _____ I am willing to share my CDS Transcript
(Please print)
with the following agency _____ in _____, TN
(Please print) (Please print)
Learner's Phone Number: _____

Learner's Signature _____
(Because the transcript belongs to the learner, not the agency – employee's signature is required)

Request for Manager Zone Access:

List the managers who need access for the learner's transcript through the Manager Zone Tab on your Personal Page:

Agency Contact: _____ Agency Phone Number: _____
(Please print)

Manager's Name: _____ Manager's Learner ID: _____
(Please print) (Please print)

Manager's Name: _____ Manager's Learner ID: _____
(Please print) (Please print)

Manager's Name: _____ Manager's Learner ID: _____
(Please print) (Please print)

Manager's Name: _____ Manager's Learner ID: _____
(Please print) (Please print)

Manager's Name: _____ Manager's Learner ID: _____
(Please print) (Please print)

Please fax to 1-855-589-3667 or scan and email to DIDD.ISQA@tn.gov

Thank you!

Permission to MOVE my Tennessee College of Direct Support Transcript

Revision Date 2/29/12

This form is not for employees who work for more than one agency.

I _____ no longer work for
Employee's Name *(Please Print)*

_____ and would like my CDS Records moved
Agency Name *(Please Print)*

to my new employer: _____ located in
New Employer *(Please Print)*

_____ Learner's Email: _____
City *(Please Print)* *(Please Print)*

Learner's Phone Number: _____
(Please include area code)

Learner's ID: _____
(Please Print)

Employee's Signature _____
(Because the transcript belongs to the learner, not the agency – employee's signature is required)

CDS Administrator's Name for New Agency _____
(Please Print)

CDS Administrator's Phone # _____
(Please Print)

CDS Administrator's Email _____
(Please Print)

CDS Administrator's ID# _____
(Please Print)

Learner's new Sub-department assignment _____
(Please Print)

Please fax to 1-855-589-3667 or scan and email to DIDD.ISQA@tn.gov
Thank you!