



EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

How many hours can you work? _____ Can you work nights? _____ Full-Time ___ Part-Time ___ Both ___

Days available to work/Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO
 * Due to the nature of services provided, TNPLH is prohibited from hiring felony offenders whose offense occurred less than 7 years prior to application date.

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

TNPLH is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

Signature: _____ Date: _____



PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, _____, understand that as part of the employment process, There's No Place Like *Home* needs to complete a background check on me regarding:

- | | |
|--------------------------------------|--|
| 1. Criminal record; | 6. Motor Vehicle Records; |
| 2. Sex and Violent Offenders Record; | 7. Personal/Professional Reference Verification; |
| 3. Employment Verification; | 8. Medical Suitability |
| 4. Education Verification; | 9. Drugs/Alcohol |
| 5. License Verification; | |

- I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to There's No Place Like Home or its authorized agent(s).
- I understand that this authorization is to be part of the written and signed employment application.
- I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
- I further authorize that a photocopy of this authorization may be considered as valid as the original.
- I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with There's No Place Like Home is contingent upon successful completion of a background check.

Signature

Date

Full Name _____ Telephone No. _____

Former Name(s) and Date(s) used: _____

Current Address _____

Date of Birth _____ Social Security Number: _____

Current Driver's License: _____ State: _____

List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)

City	State	From: Month/Year	To: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Five Year Work History

We are required to obtain at least a Five Year Work History on all of our employees. Please list below any previous employment held within the past five years in addition to what you already listed on the Employment Application.

Signature

Date

Name and Address of Previous Employee	Employee Dates (Month/ Year)	Reason for Leaving



Telephone Reference Check Form

Applicant Information

Applicant Name: _____ Date: _____
Last First M.I.

Position Applied for: _____

Recruiter Name: _____

Contact Information

Name of Contact: _____

Title: _____ Phone: _____

Company: _____

Address: _____
Street Address Suite #

_____ *City State ZIP Code*

I authorize the release to There's No Place Like Home of information held by any regarding my previous employment and herby release said person, school, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

Applicant Signature _____ Date _____

Reference Comments

Was the applicant an employee of your company? YES NO

When? Start Date: _____ End Date: _____ Pay Rate:\$_____ hourly/ biweekly

What was the applicant's position on the last day of employment? _____

What were the applicant's job responsibilities?

Please check boxes that best describe applicant's performance	Excellent	Good	Satisfactory	Unsatisfactory	Unable to evaluate
Quality of work					
Attendance Record					
Dependability					
Working relationship with other employee's					
Working relationship with Client					
Skills related to job					

Would you rehire this applicant? YES NO

Is there anything else you would like to add?



Telephone Reference Check Form

Contact Information

Name of Contact: _____

Title: _____ Phone: _____

Company: _____

Address: _____

Street Address _____ Suite # _____

City _____ State _____ ZIP Code _____

Reference #2 Comments

Was the applicant an employee of your company? YES NO

When? Start Date: _____ End Date: _____ Pay Rate: \$_____ hourly/ biweekly

What was the applicant's position on the last day of employment? _____

What were the applicant's job responsibilities? _____

Please check boxes that best describe applicant's performance	Excellent	Good	Satisfactory	Unsatisfactory	Unable to evaluate
Quality of work					
Attendance Record					
Dependability					
Working relationship with other employee's					
Working relationship with Client					
Skills related to job					

Would you rehire this applicant? YES NO

Is there anything else you would like to add?



Telephone Reference Check Form

Contact Information

Name of Contact: _____

Title: _____ Phone: _____

Company: _____

Address: _____

Street Address _____ Suite # _____

City _____ State _____ ZIP Code _____

Reference #3 Comments

Was the applicant an employee of your company? YES NO

When? Start Date: _____ End Date: _____ Pay Rate: \$_____ hourly/ biweekly

What was the applicant's position on the last day of employment? _____

What were the applicant's job responsibilities? _____

Please check boxes that best describe applicant's performance	Excellent	Good	Satisfactory	Unsatisfactory	Unable to evaluate
Quality of work					
Attendance Record					
Dependability					
Working relationship with other employee's					
Working relationship with Client					
Skills related to job					

Would you rehire this applicant? YES NO

Is there anything else you would like to add?