

# APPLICATION FOR EMPLOYMENT



## PERSONAL INFORMATION

NAME				SOCIAL SECURITY #		
ADDRESS			APT.#:	CITY	STATE & ZIP	
HOME PHONE			CELL PHONE			PAGER #
ARE YOU 20 YEARS OR OLDER?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	EMAIL ADDRESS	

## VEHICLE INFORMATION

DRIVER'S LICENSE - STATE		Valid Y or N		License Number	
DO YOU HAVE PROOF OF AUTO INSURANCE?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAVE YOU HAD MORE THAN 3 TICKETS IN LAST 3 YEARS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DO YOU HAVE RELIABLE TRANSPORTATION FOR USE WHILE ON DUTY?					YES <input type="checkbox"/> NO <input type="checkbox"/>

## DESIRED EMPLOYMENT

POSITION				AVAILABILITY			
DATE YOU CAN START		SALARY/WAGE DESIRED \$		ARE YOU EMPLOYED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAVE YOU EVER APPLIED HERE BEFORE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU EVER WORKED AT PROGRESS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU RELATED TO A CURRENT EMPLOYEE OF PROGRESS INC.? NAME:					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
WOULD YOU ACCEPT A POSITION IN CHEATHAM COUNTY (ASHLAND CITY)?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DO YOU HAVE A STRONG PREFERENCE FOR AREA OF TOWN?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIST AREA			

## WHO REFERRED YOU TO PROGRESS?

Source: (please specify)	
Individual	

## GENERAL INFORMATION

HIGHEST LEVEL/GRADE OF EDUCATION?		DID YOU GRADUATE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SCHOOL / LOCATION
CERTIFICATIONS					
SPECIAL SKILLS					
HOBBIES / INTERESTS					SUBJECT(S) STUDIED

# EMPLOYEE REFERENCE INFORMATION

NAME OF APPLICANT: \_\_\_\_\_

\*AUTHORIZATION\*

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

\*SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_

## FOR OFFICE USE ONLY

**DIRECTIONS:** PLEASE COMPLETE THE FOLLOWING INFORMATION. UNDER PERFORMANCE ISSUES, USE "S" (SATISFACTORY), "N" (NOT SATISFACTORY), AND "N/A" (DOES NOT APPLY).

POSITION HELD: _____		DATES WORKED: _____	
COMPANY NAME: _____		NAME/TITLE: _____	
REASON APPLICANT LEFT: _____			
	QUALITY OF WORK PERFORMED		QUANTITY OF WORK PERFORMED
	COOPERATION		RELATIONSHIP WITH PEERS
	RELATIONSHIP WITH SUPERVISOR		PUNCTUALITY
	ATTENDANCE		REHIRE STATUS

POSITION HELD: _____		DATES WORKED: _____	
COMPANY NAME: _____		NAME/TITLE: _____	
REASON APPLICANT LEFT: _____			
	QUALITY OF WORK PERFORMED		QUANTITY OF WORK PERFORMED
	COOPERATION		RELATIONSHIP WITH PEERS
	RELATIONSHIP WITH SUPERVISOR		PUNCTUALITY
	ATTENDANCE		REHIRE STATUS

POSITION HELD: _____		DATES WORKED: _____	
COMPANY NAME: _____		NAME/TITLE: _____	
REASON APPLICANT LEFT: _____			
	QUALITY OF WORK PERFORMED		QUANTITY OF WORK PERFORMED
	COOPERATION		RELATIONSHIP WITH PEERS
	RELATIONSHIP WITH SUPERVISOR		PUNCTUALITY
	ATTENDANCE		REHIRE STATUS

# EMPLOYMENT HISTORY - Provide Entire Previous 5 Years

**\*APPLICATIONS WILL NOT BE PROCESSED WITHOUT A FULL 5 YEAR HISTORY\***

**\*ALL GAPS GREATER THAN 30 DAYS MUST BE DETAILED ON THE APPLICATION\***

LIST FORMER EMPLOYERS (STARTING WITH THE MOST RECENT ONE FIRST)

<b>PRESENT OR LAST EMPLOYER</b>					
<b>ADDRESS</b>		<b>CITY</b>		<b>STATE/ZIP</b>	
<b>STARTING DATE</b>		<b>LEAVING DATE</b>		<b>JOB TITLE</b>	
<b>STARTING SALARY OR WAGE</b>		\$		<b>FINAL SALARY OR WAGE</b>	
<b>SUPERVISOR'S NAME AND TITLE</b>				<b>PHONE</b>	
<b>DESCRIPTION OF WORK</b>					
<b>REASON FOR LEAVING</b>					

<b>PREVIOUS EMPLOYER</b>					
<b>ADDRESS</b>		<b>CITY</b>		<b>STATE/ZIP</b>	
<b>STARTING DATE</b>		<b>LEAVING DATE</b>		<b>JOB TITLE</b>	
<b>STARTING SALARY OR WAGE</b>		\$		<b>FINAL SALARY OR WAGE</b>	
<b>SUPERVISOR'S NAME AND TITLE</b>				<b>PHONE</b>	
<b>DESCRIPTION OF WORK</b>					
<b>REASON FOR LEAVING</b>					

<b>PREVIOUS EMPLOYER</b>					
<b>ADDRESS</b>		<b>CITY</b>		<b>STATE/ZIP</b>	
<b>STARTING DATE</b>		<b>LEAVING DATE</b>		<b>JOB TITLE</b>	
<b>STARTING SALARY OR WAGE</b>		\$		<b>FINAL SALARY OR WAGE</b>	
<b>SUPERVISOR'S NAME AND TITLE</b>				<b>PHONE</b>	
<b>DESCRIPTION OF WORK</b>					
<b>REASON FOR LEAVING</b>					

<b>PREVIOUS EMPLOYER</b>					
<b>ADDRESS</b>		<b>CITY</b>		<b>STATE/ZIP</b>	
<b>STARTING DATE</b>		<b>LEAVING DATE</b>		<b>JOB TITLE</b>	
<b>STARTING SALARY OR WAGE</b>		\$		<b>FINAL SALARY OR WAGE</b>	
<b>SUPERVISOR'S NAME AND TITLE</b>				<b>PHONE</b>	
<b>DESCRIPTION OF WORK</b>					
<b>REASON FOR LEAVING</b>					

**LIST OF FORMER EMPLOYERS, CONTINUED**

PREVIOUS EMPLOYER					
ADDRESS		CITY		STATE/ZIP	
STARTING DATE		LEAVING DATE		JOB TITLE	
STARTING SALARY OR WAGE	\$		FINAL SALARY OR WAGE		\$
SUPERVISOR'S NAME AND TITLE				PHONE	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

PREVIOUS EMPLOYER					
ADDRESS		CITY		STATE/ZIP	
STARTING DATE		LEAVING DATE		JOB TITLE	
STARTING SALARY OR WAGE	\$		FINAL SALARY OR WAGE		\$
SUPERVISOR'S NAME AND TITLE				PHONE	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

PREVIOUS EMPLOYER					
ADDRESS		CITY		STATE/ZIP	
STARTING DATE		LEAVING DATE		JOB TITLE	
STARTING SALARY OR WAGE	\$		FINAL SALARY OR WAGE		\$
SUPERVISOR'S NAME AND TITLE				PHONE	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

PREVIOUS EMPLOYER					
ADDRESS		CITY		STATE/ZIP	
STARTING DATE		LEAVING DATE		JOB TITLE	
STARTING SALARY OR WAGE	\$		FINAL SALARY OR WAGE		\$
SUPERVISOR'S NAME AND TITLE				PHONE	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

## PERSONAL REFERENCES

GIVE THE NAMES OF THREE PERSONS YOU ARE **NOT RELATED TO**, WHOM YOU HAVE KNOWN FOR AT LEAST ONE (1) YEAR. **ONE** OF THOSE PERSONS YOU MUST HAVE KNOWN FOR AT LEAST **FIVE (5)** YEARS.  
PLEASE LIST ONE RELATIVE FOR YOUR FOURTH PERSONAL REFERENCE.

	NAME	ADDRESS	PHONE	YRS KNOWN
1				
2				
3				
4				

## MILITARY SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK	DISCHARGE TYPE
COMMENTS			

## OTHER BACKGROUND INFORMATION

<p><b>HAVE YOU BEEN CONVICTED OF A FELONY? **</b></p> <p><small>**Our contract with State of TN prohibits us from hiring anyone with a felony regardless of type or how old it is.</small></p>		<input type="checkbox"/> YES** <input type="checkbox"/> NO
<p><b>HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE PAST (10) TEN YEARS?</b></p> <p><small>(IF YES, EXPLAIN. WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)</small></p>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief; I <u>have or have not</u> (CIRCLE ONE) 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 <i>Progress Inc.</i> and the Tennessee Department of Intellectual and Developmental Disabilities Services (DIDDS) to have full and complete access to any and all current or prior personnel or investigative records from any party, person, business or agency, as pertains to any allegation(s) against me of abuse, neglect, mistreatment, or exploitation and to consider this information as may be deemed appropriate.</p>		<p><small>(IF HAVE, EXPLAIN)</small></p> <input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT

## \*AUTHORIZATION\*

<p><small>"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL."</small></p>	
*SIGNATURE*	DATE

Progress Inc. is an "At Will" employer and in no way should this application be interpreted as any contract of employment. "At Will" means that employment may be terminated at any time by either party for any reason other than discrimination, with or without notice given.

OFFICE USE ONLY

**PERSONAL REFERENCE SHEET**

APPLICANT'S NAME: \_\_\_\_\_

NAME OF REFERENCE: _____	DATE/TIME: _____
RELATIONSHIP TO APPLICANT: _____	
COMMENTS: _____	

NAME OF REFERENCE: _____	DATE/TIME: _____
RELATIONSHIP TO APPLICANT: _____	
COMMENTS: _____	

NAME OF REFERENCE: _____	DATE/TIME: _____
RELATIONSHIP TO APPLICANT: _____	
COMMENTS: _____	

REFERENCES CHECKED BY: \_\_\_\_\_

**\*\*IMPORTANT, PLEASE READ AND SIGN\*\***

**PLEASE BE ADVISED THAT TENNESSEE STATE LAW REQUIRES  
CRIMINAL BACKGROUND CHECKS OF APPLICANTS FOR ALL PERSONS  
THAT WORK DIRECTLY WITH INDIVIDUALS SERVED BY PROGRESS.**

I AGREE TO RELEASE ALL INVESTIGATIVE RECORDS ABOUT MYSELF FROM ANY SOURCE, INCLUDING FEDERAL, STATE AND LOCAL GOVERNMENTS. I ALSO UNDERSTAND AND AGREE THAT PROGRESS INC. IS AN AT- WILL EMPLOYER AND IF I AM OFFERED A POSITION, MY EMPLOYMENT MAY BE TERMINATED BY PROGRESS, INC. WITH OR WITHOUT NOTICE, FOR ANY REASON, INCLUDING THE RESULT OF INFORMATION FROM A CRIMINAL BACKGROUND OR MVR CHECK AND / OR EMPLOYMENT HISTORY.

*SIGNATURE*		DATE	
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PLEASE LIST ANY PRIOR INSTANCES WHERE YOU WERE CONVICTED. INDICATE RESOLUTION OF CHARGE BY ANY LOCAL, STATE, FEDERAL OR MILITARY COURT. ALSO INDICATE IF YOU HAVE BEEN REQUIRED TO REGISTER AS A SEX OFFENDER.

*SIGNATURE*		DATE	
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