

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

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)

PRESENT OR LAST 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					

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				

CRIMINAL BACKGROUNDS Progress Inc. is a licensed provider agency that receives funding from state / federal sources and HMOs (insurance companies). These sources dictate to Progress through our contract language that applicants with certain criminal convictions may not be able to work for our company. In certain situations, Progress may be able to ask our funding sources for an exception from these rules that prohibit us from hiring applicants with certain criminal convictions. These exception requests can often take up to 30 days to receive an answer and Progress does not control their decision making. Progress can not guarantee that the position being considered for can be held vacant while awaiting an exception request to be answered.

OTHER BACKGROUND INFORMATION

HAVE YOU BEEN CONVICTED OF A FELONY? * (read above)

If YES, EXPLAIN.

YES** NO

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR?* (read above)

If YES, EXPLAIN.

YES NO

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief; I have or have not (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 *Progress Inc.* 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.

(IF HAVE, EXPLAIN)

HAVE HAVE NOT

* AUTHORIZATION *

"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."

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.

****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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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:** _____

STOP! - Remainder 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

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: _____

