

PREFERRED ALTERNATIVES OF TN, INC.

APPLICATION FOR EMPLOYMENT

Active for Sixty (60) Days

DATE OF APPLICATION: _____

PLEASE PRINT

PERSONAL INFORMATION

Name: _____
Last First MI Maiden (if applicable)

Present Address *: _____
(Street Number, P.O. Box) City ST ZIP How Long At This Address

* If less than 24 months at the above address; please list previous addresses below:

Previous Address: _____
(Street Number, P.O. Box) City ST ZIP How Long At This Address

Previous Address: _____
(Street Number, P.O. Box) City ST ZIP How Long At This Address

Previous Address: _____
(Street Number, P.O. Box) City ST ZIP How Long At This Address

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____ Are you at least age 18? ___ Yes ___ No

Check one:

___ I am a U.S. Citizen. Social Security Number: _____

___ I have the right to work in the United States. INS Number: _____

Position(s) applied for: 1. _____ 2. _____

Rate of pay expected _____ How soon could you report to work? _____

Type of employment: ___ Full Time ___ Part Time ___ PRN (as needed)

What days can you work? (Circle) Mon Tues Wed Thurs Fri Sat Sun

What shift (s) can you work? _____
First Second Third

Do you have obligations that might interfere with working your schedule? ___ Yes ___ No If yes, please explain: _____

Have you ever been dismissed or asked to resign from any employment? ___ Yes ___ No If yes, please explain: _____

Do you have a valid Driver's License? ___ Yes ___ No

Have you had any of the following?

- DUI or reckless driving conviction in last 3 yrs ___ No ___ Yes
- 2 or more accidents in last 3 yrs ___ No ___ Yes
- More than 5 moving violations in last 5 yrs ___ No ___ Yes

Provide Details

Have you ever been convicted of a felony? ___ Yes ___ No If yes, please explain: _____

Have you ever been convicted of a misdemeanor? ___ Yes ___ No If yes, please explain: _____

Have you ever worked for Preferred Alternatives before? ___ Yes ___ No If yes, dates of employment, office, and job title: _____

EDUCATION

High School _____ Graduated ___ GED ___ Date Earned _____
Circle last year completed 9 10 11 12

College/University _____ Degree: _____ Date Earned: _____

Post Graduate _____ Degree: _____ Date Earned: _____

FOUR PERSONAL REFERENCES

(References may **NOT** be related to you; **ONE** reference must have known you for at least 5 years)

1. Name _____

Relationship to you _____ Years known _____

Telephone # (Day) _____ Telephone # (Night) _____

2. Name _____

Relationship to you _____ Years known _____

Telephone # (Day) _____ Telephone # (Night) _____

3. Name _____

Relationship to you _____ Years known _____

Telephone # (Day) _____ Telephone # (Night) _____

4. Name _____

Relationship to you _____ Years known _____

Telephone # (Day) _____ Telephone # (Night) _____

WORK HISTORY

(Please describe work experience for the last 5 years beginning with the most recent)

1.	Name of CURRENT Employer	Phone Number
	We may contact your current employer (check one) <input type="checkbox"/> Now <input type="checkbox"/> After	
	Job Title	Date Hired Date Left
	Reason for Leaving	Starting Pay Final Pay
2.	Name of Employer	Phone Number
	Job Title	Date Hired Date Left
	Reason for Leaving	Starting Pay Final Pay
3.	Name of Employer	Phone Number
	Job Title	Date Hired Date Left
	Reason for Leaving	Starting Pay Final Pay
4.	Name of Employer	Phone Number
	Job Title	Date Hired Date Left
	Reason for Leaving	Starting Pay Final Pay
5.	Name of Employer	Phone Number
	Job Title	Date Hired Date Left
	Reason for Leaving	Starting Pay Final Pay
6.	Name of Employer	Phone Number
	Job Title	Date Hired Date Left
	Reason for Leaving	Starting Pay Final Pay

Please explain ALL breaks in employment: _____

Preferred Alternatives, Inc is an Equal Opportunity Employer and selects the best matched individual for the job based upon job related qualifications regardless of race, color, creed, sex, age, national origin, handicap, or other protected group under state and federal equal opportunity laws.

I understand and agree:

1. Preferred Alternatives will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorize such investigation and the exchange of information requested by Preferred Alternatives and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
2. With appropriate consent(s), I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job for which I am being considered.
3. After a conditional offer of employment has been made with Preferred Alternatives, I further understand and agree:
 - to take a medical examination and/or drug screening by a qualified physician at the discretion of my employer;
 - that, although management makes every effort to accommodate individual preferences and religious beliefs, business needs, at times, may require overtime, shift work, rotating work schedules and locations, holiday work, or a work schedule other than Monday through Friday;
 - that this is an application for employment and that no employment contract is offered or implied;
 - that if I become employed, such employment is for no definite period of time and that Preferred Alternatives may change wages, benefits and conditions of employment at any time;
 - if hired, I agree to submit my fingerprint for the time clock system; and,
 - if hired, I may be asked to sign a non-compete contract under company policy.
4. I further agree to maintain confidentiality for information regarding service recipients and employees of Preferred Alternatives. I understand violations of these rules may result in justification for refusal of employment, criminal prosecution, civil penalties, disciplinary action and/or termination of employment from PAI.

I have read, understand, and agree to the above conditions.

Signature Date

Referred By: _____
 (How did you hear about PAI?)

PREFERRED ALTERNATIVES OF TN, INC.

I authorize PAI to conduct the following:

- contact all personal and professional references identified on this application;
perform a driver's license check on the DMV website prior to possible employment, and if hired, annually or as needed basis thereafter, to ensure my driver's license is valid; and,
check the TN Abuse, Felony and Sexual Offender Registries and DMRS Substantiated Investigation Search.

PROVIDER STAFF PROTECTION FROM HARM STATEMENT

I certify and affirm that to the best of my knowledge and belief I (check one):

- Have
Have Not

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 Preferred Alternatives, 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 that pertain to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

CONSENT TO DRUG SCREENING

I consent to a drug screening as terms of my possible employment with this company. Further, I understand that:

- I may be subject to random drug screening at any given time during my employment;
failure to comply with the drug screening program may be cause for disciplinary action, up to and including termination; and,
a positive drug screening may be cause for termination or denial of employment.

I am currently certified in the following training:

- CPR (Adult) Medication Administration
First Aid Crisis Prevention Intervention (CPI)
DMRS Core Training Other DMRS Trainings

I have had a TB Skin Test / Statement / Chest X-ray within last 12 months. Yes No

Print Name Date

Signature Date



Nationwide Background Checks

"Only God Can Find You Faster."

Kristin Clemens, President / CEO

I consent to have a consumer report made as to my, employment history, social security information, criminal record, and other pertinent information for employment or other purposes, including initial hiring decisions, promotions, reassignments, and/or retention.

I hereby authorize **Preferred Alternatives, One Vantage Way, Suite D-100, Nashville, Tennessee 37228** to obtain a background report containing the foregoing information from **Nationwide Background Checks, P.O. Box 21, Commercial Point, Ohio 43116**.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to **Nationwide Background Checks** within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify **Nationwide Background Checks**, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from **Nationwide Background Checks**, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of **Nationwide Background Checks**, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

Printed Name: _____

Social Security No. _____ Birthdate: _____

Address: _____

City/State/Zip: _____

Drivers License No. _____ State of Issuance: _____

I have read and understand this form in its entirety. I hereby agree and recognize that **Nationwide Background Checks** retains the right to keep confidential some of its sources.

DATE

APPLICANT'S SIGNATURE

Please fax completed form to (614)-877-2366.