

# Employment Application



*TVC is an equal opportunity employer. TVC does not discriminate on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for TVC to hire me. If I am hired, I understand that either TVC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of TVC has the authority to make any assurance to the contrary. I attest with my signature below that I have given to TVC true and complete information on this application. No requested information has been concealed. I authorize TVC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.*

Position(s) Applied For			Date of Application	
How did you learn about us?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> TVC Employee Name:	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	Social Security Number _____	
Last Name		First Name		M. I.
Street Address				
City/State/Zip Code				
Mobile Phone		Home Phone		Best method to reach you
Email address				

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you eligible to work in the United States?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

What is your preferred work status?  Full Time  Part Time Date you can start:

Can you travel if a job requires it?  Yes  No

Are you a parent or caregiver of child with a mental health diagnosis?  Yes  No

Explain your personal experience caring and advocating for children with a mental health diagnosis:

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Are you clinically licensed in the state of TN?  
 Yes  No

Are you bilingual?  Yes  No

If so, what license(s) do you have?  
 \_\_\_\_\_

If so, what language(s) do you speak?  
 \_\_\_\_\_

## Education

	Name of School	Course of Study	Degree Obtained
Undergraduate College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Employment Experience

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

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Job Title	Supervisor	Starting	Final	
Reason for Leaving				

## Applicant Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Drug Testing

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Tennessee Voices for Children, Inc. in the selection process of applicants for employment, for the purpose of determining the drug content thereof. I agree that Concentra Care may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis. I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at Tennessee Voices for Children, Inc. I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with Tennessee Voices for Children Inc. consideration of my employment application. I further agree that a reproduced copy of the pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of the consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# Background Investigation Form

## Disclosure Regarding Background Investigation

Tennessee Voices for Children, Inc. (TVC) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by TVC, throughout your employment or your contract period.

I understand that, as a condition of my consideration for employment with TVC, or as a condition of my continued employment with TVC, TVC may obtain a consumer report that includes, but is not limited to, social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

## Authorization of Background Investigation

I hereby authorize and consent to TVC’s procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, TVC will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with TVC. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to preparation of background reports by a consumer reporting agency and to the release of such background reports to TVC and its designated representatives and agents, for the purpose of assisting TVC in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the TVC hires me or contracts for my services, my consent will apply, and TVC may obtain background reports, throughout my employment or contract period annually or as needed.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any background reports that may be requested by or on behalf of TVC.

**Applicant Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Present Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Driver’s License #** \_\_\_\_\_ **State** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Release and Waiver Reference

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Tennessee Voices for Children to conduct a thorough investigation of my past employment and personal history. I authorize my former employer (name of company) \_\_\_\_\_ to furnish Tennessee Voices for Children with information they may need regarding my employment history, including my reason(s) for leaving. I am signing this Release and Waiver voluntarily, and to request that my former employer, as indicated above, respond to this reference inquiry with full and complete information. Since this reference is an important part of my application for employment with Tennessee Voices for Children, I therefore waive and release my former employer from and furthermore waive any and all claims or causes of action in law or equity, including but not limited to defamation of character, or invasion of property; which might arise from responding to this reference check.

\*Previous Names (Maiden): \_\_\_\_\_

\*Former Employer: \_\_\_\_\_

\*Name of Supervisor: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Fax Number: \_\_\_\_\_

\*Dates of Employment: \_\_\_\_\_ Salary Information: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Applicant

\_\_\_\_\_  
\*SSN

\_\_\_\_\_  
Date



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\*Signature of Applicant

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\*SSN

\_\_\_\_\_  
Date



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\*SSN

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Date