



# Home Care Employment Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

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? \_\_\_\_\_

Are you related to a current employee of the STAR Center? YES  NO  If yes, who? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony? YES  NO

If yes, explain: \_\_\_\_\_

## Position and Availability

Position Desired: \_\_\_\_\_

Do you have a valid driver's license? YES  NO  Driver's License # \_\_\_\_\_

Day	Times Available	Day	Times Available
<b>Monday</b>		<b>Tuesday</b>	
<b>Wednesday</b>		<b>Thursday</b>	
<b>Friday</b>		<b>Saturday</b>	
<b>Sunday</b>			

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College / Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Professional Licenses

License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Training: \_\_\_\_\_

### References

*Please list five professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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## Employment History

Beginning with your present or most recent job, please give a detailed description of your work experience. You must include all employment for at least the past five years. If you moved to a different position within the same organization and your major duties changed, you should list the new position as a separate job. Also describe unpaid, volunteer, or part time work experience that you consider as important qualifications for employment. You may submit an employment resume to supplement your application; however, you must describe your major job responsibilities.

Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Average # of Hours/Week: \_\_\_\_\_ Average # of Employees You Supervised: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Average # of Hours/Week: \_\_\_\_\_ Average # of Employees You Supervised: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Average # of Hours/Week: \_\_\_\_\_ Average # of Employees You Supervised: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Average # of Hours/Week: \_\_\_\_\_ Average # of Employees You Supervised: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Background Information**

Have you ever been convicted, forfeited bond, or are you currently on probation for any misdemeanor or felony in a court of law or general court martial? YES  NO

Have you been convicted of a misdemeanor or felony involving physical or financial harm to the victim? YES  NO

Have you been convicted of a misdemeanor or felony involving illicit use of drugs or drug/alcohol misuse? YES  NO

If yes to any of these offenses, give details on a separate sheet of paper for each offense. Include (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You must disclose and conviction involving a sentence or suspended sentence; you may omit: (1) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court: (2) Any conviction which has been expunged under Federal or State law.

**Investigations**

Have you ever been under investigation for any sexual offense (including voyeurism or indecent exposure)? YES  NO

If yes, explain: \_\_\_\_\_

Do you have any substantiated cases of abuse, neglect, or exploitation against you, or are you currently under investigation for abuse neglect, or exploitation? YES  NO

**Disclaimers**

**Falsification of Information**

I understand that any false answers or statements, or misrepresentations by omission, made by me on my application or any related document, will be sufficient for grounds for denial of employment, or for my immediate discharge should falsifications or misrepresentations be discovered after I begin work.

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## Confidentiality

I give permission for a representative from STAR Center Inc. (hereinafter the STAR Center) to contact the five references listed on the attached page.

For consideration of this employment application by the STAR Center, it is agreed and understood by the undersigned applicant that information and/or reports obtained by the STAR Center with authorization provided by me (including from employers, references, and from other sources identified in the Authorization for Release of information) will only be used by the STAR Center to confirm that the candidate is eligible for employment and will remain confidential.

The STAR Center is an equal opportunity employer. All information will be treated confidentially.

## Privacy

I understand that I must treat information involving persons served and their families as privileged and confidential. I also understand that the people served and families have a right to privacy and agree that I will not disclose information about the people served or their families to anyone other than authorized persons.

I also understand that representatives of The STAR Center will respect the right to privacy of my home and family and will not disclose my information about such to unauthorized persons.

## Access to Records

As a condition of submitting this application and in order to verify this affirmation, I further release and authorize the STAR Center, the Tennessee Department of Intellectual and Developmental Disabilities (DIDD) and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity or agency, whether governmental or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate.

This authorization extends to providing any applicable information in personnel or investigative reports concerning my employment with this employer to my future employers who may be providers of the Tennessee DIDD services.

## Signatures

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief, I **have not** had a case of abuse, neglect, mistreatment or exploitation substantiated against me.

*By signing below, I certify that my answers are true and complete to the best of my knowledge.*

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*STAR Center Representative*

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## NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT.

I, the undersigned consumer, do hereby authorize the **STAR Center** by and through an independent contractor, **SCREENING ONE**, to procure and investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character and general reputation, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a Social Security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **SCREENING ONE**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq.

I further authorize any person, business entity, or governmental agency who may have information relevant to the above to disclose the same to the **STAR Center** by and through **SCREENING ONE**, including, but not limited to any and all courts, public agencies, law enforcement agencies, and credit bureaus, regardless of whether such person, business entity, or governmental agency compiled the information itself or received it from other sources.

I hereby release the **STAR Center**, **SCREENING ONE**, and any and all persons, business entities, and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing an investigative report hereby authorized.

I understand that this Notice/Authorization Release form shall remain in effect for the duration of my employment with said Company. Additionally, I give permission to investigate any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during by employment. Further, I certify that the information contained on this Notice/Authorization Release form is true and correct and that my application will be terminated based on any false, omitted, or fraudulent information.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Other Names used (maiden name, nickname, alias): \_\_\_\_\_ # of Years Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/PO Box City, State Zip Code Dates

Former Address: \_\_\_\_\_  
Street/PO Box City, State Zip Code Dates

Former Address: \_\_\_\_\_  
Street/PO Box City, State Zip Code Dates

Social Security Number: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender: \_\_\_\_\_

Have you ever been sanctioned or had your licenses suspended or revoked? Yes \_\_\_ No \_\_\_

Are you currently under any investigation or pending charge? Yes \_\_\_ No \_\_\_

\*This information will enable us to properly identify you in the event we find adverse information during the course of our background search.