

SKILLS DEVELOPMENT SERVICES, INC.

(Revised for 09/26/2023)

APPLICATION FOR EMPLOYMENT

(S:/SECURE/Agency Personnel Forms/Application)

APPLICATION WILL BE HELD FOR 90 DAYS.

PLEASE FILL OUT ALL INFORMATION AND PRINT CLEARLY!

Last Name, First Name, Middle Name			Maiden Name		Social Security Number
Other Name Used	Driver's License Number	State of Issue	Expiration Date	Position Applied For/ Date Available	
Current Address (Street, City, State, Zip Code)			Primary Telephone Number		Secondary Telephone Number

HOME/MAILING ADDRESSES FOR PAST 10 YEARS – PLEASE PUT PRESENT ADDRESS ON LINE 1.

Street Address	City	State	Zip	County	From Mo/Yr	To Mo/Yr
1.						
2.						
3.						
4.						

EMPLOYMENT HISTORY

Show all employment, beginning with last, or present employer. Please attach a resume or list of employers if more room is needed.

If self-employed, list at least 2 businesses and/or contact names, checking the appropriate boxes.

MAY YOUR CURRENT EMPLOYER(S) BE CONTACTED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Check One: Employer: <input type="checkbox"/> Self Employed - Business Reference <input type="checkbox"/> Credit Reference <input type="checkbox"/>	
DATES : NAME _____ Telephone # _____	
Month & Year ADDRESS: _____ CITY _____ STATE _____ ZIP _____	
From: JOB TITLE(S) _____	
To: NAME OF SUPERVISOR OR CONTACT: _____ DEPT. _____	
REASON FOR LEAVING: _____	
Check One: Employer: <input type="checkbox"/> Self Employed - Business Reference <input type="checkbox"/> Credit Reference <input type="checkbox"/>	
DATES : NAME _____ Telephone # _____	
Month & Year ADDRESS: _____ CITY _____ STATE _____ ZIP _____	
From: JOB TITLE(S) _____	
To: NAME OF SUPERVISOR OR CONTACT: _____ DEPT. _____	
REASON FOR LEAVING: _____	
Check One: Employer: <input type="checkbox"/> Self Employed - Business Reference <input type="checkbox"/> Credit Reference <input type="checkbox"/>	
DATES : NAME _____ Telephone # _____	
Month & Year ADDRESS: _____ CITY _____ STATE _____ ZIP _____	
From: JOB TITLE(S) _____	
To: NAME OF SUPERVISOR OR CONTACT: _____ DEPT. _____	
REASON FOR LEAVING: _____	
Check One: Employer: <input type="checkbox"/> Self Employed - Business Reference <input type="checkbox"/> Credit Reference <input type="checkbox"/>	
DATES : NAME _____ Telephone # _____	
Month & Year ADDRESS: _____ CITY _____ STATE _____ ZIP _____	
From: JOB TITLE(S) _____	
To: NAME OF SUPERVISOR OR CONTACT: _____ DEPT. _____	
REASON FOR LEAVING: _____	

EMERGENCY CONTACT

In the event of emergency at work, please provide name, relationship, number of who to contact.

NAME: _____ **Relationship:** _____ **Phone #:** _____

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Please answer the following:

Have you been convicted of any crime with the past ten years? No Yes If so, please complete:

County _____ City _____ State _____ Date _____

Charge: _____ Disposition: _____

Are you legally eligible for employment in this country? Yes No

I certify and affirm that to the best of my knowledge and belief I have OR I have not had (circle one) or received a finding of a substantiated case of abuse, neglect, mistreatment or exploitation against me by the Department of Intellectual and Developmental Disabilities (DIDD). In order to verify this affirmation, I further release and authorize Skills Development Services, Inc., DIDD and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment or exploitation.

SIGNATURE: _____ DATE: _____

EDUCATION HISTORY (most recent first)		
Did you graduate high school or receive a G.E.D.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
School Name and Address	Major (if applicable)	Type of Degree

OTHER LICENSES OR CERTIFICATIONS			
Type of License or Certification	License or Certificate Number	State of Issue	Expiration Date

PERSONAL REFERENCES:			
Please provide the name of two persons who are local (not family), whom you have known one year or longer, with one person you have known for 5 years or longer. DO NOT LIST EMPLOYERS.			
Name	Address and Telephone Number	Business	Years Acquainted

Referred By: _____

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Skills Development Services, Inc. **is committed to a drug free workplace.** All job applicants and employees are subject to drug screening. Illegal use or possession of Drugs or Alcohol **may lead** to denial of employment, termination and/or loss of workers' compensation benefits!

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. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period of time and termination of employment can happen without prior notice and without cause.

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Skills Development Services, Inc. in the selection process of applicants for employment or during random testing of employees, for the purpose of determining the drug content thereof.

I consent that SPECTRUM MEDICAL ASSOCIATES may collect 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 Skills Development Services, Inc. I understand that it is the current illegal use of drugs that prohibits me from being employed at Skills Development Services, Inc. I further agree to hold harmless Skills Development Services, Inc. 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 Skills Development Services, Inc. consideration of my employment application.

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

DATE: _____ SIGNATURE: _____ SS # _____

I (do/do not) give permission to release reference information regarding my employment with Skills Development Services, Inc.

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Employee's Signature

Date

--	--

Supervisor's Signature

Date

Background Investigation Requested By:
SKILLS DEVELOPMENT SERVICES, INC.
704 Washington Street
Tullahoma TN 37388

Background Investigation Compiled By:
Data Facts, Inc.
8000 Centerview Parkway, Suite 400
Cordova, TN 38018

Skills Development Services, Inc.

DISCLOSURE AND AUTHORIZATION FORM

(1) BACKGROUND INVESTIGATION QUESTIONNAIRE:

Name: _____
(Last) (First) (Middle Name)

Address: _____
(Street) (City) (State) (Zip Code)

Social Security Number: _____ Telephone Number: _____

Other Name (s): _____ / _____
(Used Within the Last 7YRS. E.g. Maiden, Other Married Names) Year of Name Change

Driver's License Number: _____ State _____ Date of Birth: _____

Name on Driver's License: _____

Previous Residential Addresses (Previous 7 years):

Former Address:

Street City State Years Resided

Former Address:

Street City State Years Resided

Former Address:

Street City State Years Resided

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last 7 years?
Yes _____ No _____

Are you currently charged or under investigation for any violation of the law other than minor traffic violations?
Yes _____ No _____

DISCLOSURE AND AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

SKILLS DEVELOPMENT SERVICES, INC. may obtain information about you from a consumer reporting agency for Employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants as a tenant is an investigation into your education and/or employment history conducted by **Data Facts, Inc. 8000 Centerview Pkwy., Ste 400 Cordova, TN 38018 1-800-264-4110** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **SKILLS DEVELOPMENT SERVICES, INC.** to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Data Facts, Inc. 8000 Centerview Pkwy., Ste 400 Cordova, TN 38018 1-800-264-4110** another outside organization acting on behalf of **SKILLS DEVELOPMENT SERVICES, INC.**, and/or **SKILLS DEVELOPMENT SERVICES, INC.**, itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

NOTICE: Data Facts, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Data Facts, Inc. background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

SIGNATURE: _____ DATE: _____

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DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Applicant's name: _____

Interviewed by: _____ Date: _____

Remarks: _____

Person Supported Input: _____

Hired: _____ Position: _____ Program: _____

Date Reporting to Work: _____

Approved by: _____

Immediate Supervisor

Personnel Supervisor

REFERENCE CHECKS

With all reference checks list name of person with whom you spoke and the date.

Supervisor: As per the Provider Manual section 6 – At a minimum, the provider must directly communicate with the most recent employer and any employer who employed the job applicant for more the 6 months within than the past 5 years.

Employer Reference: _____

Employer Reference: _____

Employer Reference: _____

Employer Reference: _____

Employer Reference: _____

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The provider must directly communicate with the personal references provided by the job applicant with one of the references having known the employee for at least 5 years.

Personal Reference 1: _____

Personal Reference 2: _____
