



Community Care of Rutherford County

Application for Employment

We appreciate your interest in employment with Community Care. Community Care provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status or any other classification protected by law. Please complete this application in blue ink.

PERSONAL DATA:

Date: _____

Name (Last, First, Middle): _____ SS#: _____

Address: _____ Cell Phone: _____ Phone: _____

City, State Zip: _____ E-mail: _____

Posted Position Desired: _____ Salary Desired: _____

Are you a U.S. citizen, or do you have the legal right to employment in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Overtime will be necessary on occasion, are you willing to work overtime? Yes No

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

If you answer yes to any of the following, please explain below.

Have you ever worked for Community Care? Yes No

Have you ever been discharged or asked to resign from employment? Yes No

Have you ever been convicted of a felony or misdemeanor crime? Yes No

Are criminal charges, felony or misdemeanor, pending against you? Yes No

EDUCATION:

School Name	Address	Major	G.P.A.	Grade Completed	Degree Received
High School					
Trade School					
Junior College					
College/University					
Graduate School					
Graduate School					

PROFESSIONAL REFERENCES: Please list three (3) persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying. Please note they may be contacted.

Name	Employed By	Phone	Occupation	Years Known

EMPLOYMENT HISTORY: List below current employment through first employment, beginning with your most recent. If you have had more than four (4) employers please provide additional employers on resume giving same information as below.

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Job Title: Part Time or Full Time: Describe the work you did:						
Supervisor:							
Phone:							

May we contact this employer?
 Yes No

If not, why? _____

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Job Title: Part Time or Full Time: Describe the work you did:						
Supervisor:							
Phone:							

May we contact this employer?
 Yes No

If not, why? _____

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Job Title: Part Time or Full Time: Describe the work you did:						
Supervisor:							
Phone:							

May we contact this employer? Yes No

If not, why? _____

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Job Title: Part Time or Full Time: Describe the work you did:						
Supervisor:							
Phone:							

May we contact this employer? Yes No

If not, why? _____

ADDITIONAL INFORMATION:

What computer programs are you proficient in? _____

What programs have you used but are not proficient? _____

What languages are you proficient in? _____

What languages can you speak? _____

What relevant training have you had for the position that you are applying for and when did you receive it?

What professional organizations are/have you been a member of? _____

Explain why you are pursuing this position:

If offered employment, when could you begin working for Community Care? _____

EMERGENCY CONTACT:

Name _____ Relationship _____
Address _____ City, State, Zip _____
Home Phone Number _____ Cell _____ Work _____

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further considerations for employment and may be considered justification for dismissal if discovered at a later date.

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted. I understand that because I am applying for a Community Care position that my application becomes part of public record and may be viewed upon request.

Applicants if offered employment will be subject to screening requirements including but not limited to drug screening, background check, physical, motor vehicle record check, reference check, written testing, criminal records check, and fingerprinting. I hereby authorize Community Care to conduct all employment inquiries and tests as described to be conducted either pre or post employment. I release Community Care and all providers of information from any liability arising out of the gathering and use of such information. I understand that screening may impact employment.

I understand that if offered a position with Community Care that it may be conditional upon passing a physical and psychological exam.

Applicant Signature Date

Please attach highest degree diploma or equivalency or transcripts; relevant training certificates; resume, three (3) professional reference letters; and any other supporting documentation relevant to the position for which you are applying.

If not submitting electronically please mail, fax or deliver completed application along with necessary attachments to:

**Rutherford County Human Resources
Attention: Sonya Stephenson
303 N. Church Street
Suite 200
Murfreesboro, TN 37130
Fax to (615) 907-5699**

For questions concerning this application, please contact the Human Resources office at (615) 494-4480.