



Greene County Skills, Inc. EMPLOYMENT APPLICATION

Position Applied For: _____ Date of Application: _____

Shifts Available to Work: Any Week Days Week Nights Weekend Days Weekend Nights

Date Available for Work: _____ Employment Desired: Full Time Part Time

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip

Daytime Telephone # () _____ Other Contact # () _____

Have you ever been employed by GCS, Inc.? Yes No

Are you legally eligible for employment in the United States? Yes No

Do you have a valid TN Drivers License? Yes No

Driver's License Number: _____ State: _____

Have you been convicted of ANY crime (felony or misdemeanor)? Yes No

If yes, please explain: _____

Applicants must be 18 years of age or older. Do you meet this requirement? Yes No

How many days of work have you missed in the last twelve (12) month period? _____

EMPLOYMENT HISTORY: A FIVE (5) YEAR EMPLOYMENT HISTORY IS REQUIRED, start with most recent employment. (If additional space is required, please add to a separate sheet of paper and attach to this application)

From:	Employer:	Telephone #
To:	()	
Job Title:	Address:	City State Zip
Immediate Supervisor:	Summary of Job Responsibilities:	
Reason for Leaving:		
	Hourly Rate Beginning: \$	Per Final Rate \$ Per

From:	Employer:	Telephone #
To:	()	
Job Title:	Address:	City State Zip
Immediate Supervisor:	Summary of Job Responsibilities:	
Reason for Leaving:		
	Hourly Rate Beginning: \$	Per Final Rate \$ Per

Applicant Referred By GCS Employee? If yes, who: _____

From:	Employer:	Telephone #
To:		()
Job Title:	Address:	City State Zip
Immediate Supervisor:	Summary of Job Responsibilities:	
Reason for Leaving:	Hourly Rate Beginning: \$ Per Final Rate \$ Per	

From:	Employer:	Telephone #
To:		()
Job Title:	Address:	City State Zip
Immediate Supervisor:	Summary of Job Responsibilities:	
Reason for Leaving:	Hourly Rate Beginning: \$ Per Final Rate \$ Per	

EDUCATIONAL BACKGROUND

High School	Years Completed	Graduate: Yes No
College		Yes No
Other		Yes No

REFERENCES

RELATIVES CANNOT BE USED AS REFERENCES

Reference Name	Telephone #	Years Known

CARDIOPULMONARY RESUSCITATION STATEMENT

Staff who provide direct support services to individuals served at GCS, Inc. must be trained and certified to administer CPR. Any staff member who refuses to initiate and sustain CPR without good cause shall be subject to disciplinary action up to and including termination of employment. **Applicants seeking employment with this agency must sign acknowledgement of this requirement for employment as above stated.**

Applicant Signature (Required) _____

PROTECTION FROM HARM AND BACKGROUND RELEASE STATEMENT

I, the undersigned applicant certify and affirm to the best of my knowledge and belief I have or have not had a case of abuse, neglect, mistreatment or exploitation substantiated against me. As a condition of submitting this application and in order to verify this affirmation, I further release and authorize Greene County Skills, Inc., the Tennessee Dept of Intellectual & Developmental Disabilities 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, persons, business, entity or agency, whether governmental or nongovernmental, 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 DIDD services.

Applicant Signature (Required) _____

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to a urinalysis drug screening and/or other tests as shall be determined by GCS, Inc. in the selection process of applicants for employment for the purpose of determining the drug content thereof.

I agree that an authorized GCS, Inc. representative (for on-site testing) or Industringcare may collect these specimens for testing and may test said specimen or forward to a laboratory designated by GCS, Inc. (if on-site testing) or Industringcare for analysis.

I further agree to and hereby authorize the release of the results of said test to GCS, Inc. I understand that it is the current illegal use of drugs and/or alcohol that prohibits me from being employed at GCS, Inc.

I further agree to hold harmless GCS, Inc. and its agents from any liability arising in whole or part out of the collection of specimens, testing and the use of the information from said testing in connection with GCS, Inc. consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the forgoing and fully understand its contents. I acknowledge that my signing of this consent/release statement is voluntary on my part and that I have not been coerced into signing this statement by anyone.

Applicant Printed Name: _____ SS# _____

Applicant Signature: _____ Date _____

GCS, Inc. Applicant Agreement

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, contained in this application, and the Department of Motor Vehicle and state and national criminal background agencies. I hereby release GCS, Inc. and its representatives from liability for seeking, gathering and using such information and further release from liability all persons, corporations or organizations for furnishing such information.

GCS, Inc. does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on any basis prohibited by local, state or federal law. GCS, Inc. complies with all applicable *Title 33* regulations. This application is current for 90 days. At the conclusion of this time if I have not heard from GCS, Inc. and still wish to be considered for employment, it will be necessary to complete a new application.

AT-WILL EMPLOYER: if hired, I understand that I am free to resign at any time with or without cause and without prior notice. GCS, Inc. reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the policy of GCS, Inc. not to refuse to hire qualified applicants with a disability because of applicant's need for reasonable accommodation as required by the *Americans with Disabilities Act*.

I also understand that if hired, I will be required to provide proof of legal work authorization.

I represent and warrant that I have read and fully understand the above information and seek employment under these conditions.

Signature of Applicant _____ Date _____ / _____ / _____

IMPORTANT NOTICE: Applications that are not signed will not be eligible for consideration.