



HABILITATION AND TRAINING SERVICES, INC.

We are an equal opportunity employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, creed, age, disability, military or veteran status, national origin or any other protected status. The workplace at HATS is smoke free in compliance with the Tennessee Non-smoker Protection Act.

PERSONAL INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER

| | | | |
|-------------------------------------|------------|------------------------|-----|
| NAME (LAST NAME FIRST) | | SOCIAL SECURITY NUMBER | |
| PRESENT ADDRESS | CITY | STATE | ZIP |
| PREVIOUS ADDRESS IF LESS THAN 3 YRS | | | |
| HOME PHONE | CELL PHONE | | |

DESIRED EMPLOYMENT

| | | |
|--|---|----------------------------------|
| POSITION | DATE YOU CAN START | SALARY NEEDED |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| EVER APPLIED TO OR WORKED WITH THIS AGENCY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE/WHEN DID YOU WORK FOR HATS? | |
| WHO REFERRED YOU TO THIS COMPANY? | | |
| <input type="checkbox"/> EMPLOYMENT AGENCY | <input type="checkbox"/> NEWSPAPER ADVERTISING | <input type="checkbox"/> FRIEND |
| <input type="checkbox"/> STATE EMPLOYMENT OFFICE | <input type="checkbox"/> COLLEGE PLACEMENT SERVICE | <input type="checkbox"/> WALK-IN |

EDUCATION

| SCHOOL LEVEL | NAME AND LOCATION OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-----------------------------|-----------------------|-------------------|------------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

I am currently certified in:

_____ CPR _____ DIDD Core Training _____ CPI
 _____ First Aid _____ Medication Administration _____ Other Related

FORMER EMPLOYERS

Provide past work history containing a continuous description of activities over the past five years, starting with the most recent employer. Use back if more space is needed.

| | | | |
|----------------------------------|---------------------------------|-----------|-----|
| NAME OF PRESENT OR LAST EMPLOYER | | | |
| ADDRESS | CITY | STATE | ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| NAME OF SUPERVISOR | MAY WE CONTACT YOUR SUPERVISOR? | PHONE | |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------|---------------------------------|-----------|-----|
| NAME OF PREVIOUS EMPLOYER | | | |
| ADDRESS | CITY | STATE | ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| NAME OF SUPERVISOR | MAY WE CONTACT YOUR SUPERVISOR? | PHONE | |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

| | | | |
|---------------------------|---------------------------------|-----------|-----|
| NAME OF PREVIOUS EMPLOYER | | | |
| ADDRESS | CITY | STATE | ZIP |
| STARTING DATE | LEAVING DATE | JOB TITLE | |
| NAME OF SUPERVISOR | MAY WE CONTACT YOUR SUPERVISOR? | PHONE | |
| DESCRIPTION OF WORK | | | |
| REASON FOR LEAVING | | | |

REFERENCES

BELOW, GIVE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST FIVE YEARS

| NAME | ADDRESS OR DAYTIME PHONE NUMBER | RELATIONSHIP | YEARS ACQUAINTED |
|------|------------------------------------|--------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

SERVICE RECORD

| BRANCH OF SERVICE | DISCHARGE DATE/RANK |
|-------------------|---------------------|
| | |

Have you ever been convicted of any of the crimes listed below? Yes No

All employees with direct contact and direct responsibilities for persons with disabilities either on a full or part-time basis, must pass a criminal background check. Please explain any prior convictions of any felony involving sexual crimes, homicide or attempted homicide, felonious assault, breaking & entering, robbery, burglary, theft, fraud, breach of fiduciary duty, child abuse, arson or if you have been required to register as a sexual offender. If yes, please explain

AUTHORIZATION

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 will be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I understand in order to be considered for employment, the application must be completed in full.

DATE

SIGNATURE

Release Authorization

Applicant Please Read Complete the Following:

1. In connection with my application for employment, I understand that a consumer report or an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, we may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court records, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
3. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **HATS, Inc.** or its agent to furnish the information described in Section 1.
5. I hereby authorize release of information from the Department of Transportation regulated drug and alcohol testing records by my previous employer to **HATS, Inc.** This release is in accordance with DOT regulation 49CFR Part 40, Section 40.25 I understand that information to be released by my previous employer, is limited to the following DOT regulated items, alcohol tests with a result of 004 or higher, verified positive drug tests, refusals to be tested, and violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation, and any documentation of completion of the return-to-duty process following a rule violation. This DOT information may also include my past driving citations, such as accidents and speeding.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

| | | | |
|-----------------------------|------|-------|--------|
| Please print your full name | LAST | FIRST | MIDDLE |
|-----------------------------|------|-------|--------|

Please print other names you may have used, including maiden name, other marriages, alias)

| | | | |
|----------------------|--------|------|-------|
| Current home address | STREET | CITY | STATE |
|----------------------|--------|------|-------|

| | |
|------------------------|---------------|
| Social Security Number | Date of Birth |
|------------------------|---------------|

The following states require sex and race to obtain information: AL, AR, FL, FA, IA, IL, IN, MI, OR, SC, TX, WI

Sex Male Female
Race Asian Black Hispanic White Other

| | |
|-------------------------|-----------------------|
| Driver's License Number | State Issuing License |
|-------------------------|-----------------------|

Name as it appears on license

| | |
|-----------|--------------|
| Signature | Today's Date |
|-----------|--------------|

STATEMENT FOR RELEASE OF INFORMATION

Date _____

Name of Agency & Region Habilitation and Training Services, Inc. - Middle

Full Name of Employee _____

Previously used names (nicknames, maiden name, etc) _____

SSN _____

Drivers License Number _____

State of Drivers License _____

I, _____ certify and affirm that to the best of my knowledge and belief

I have () or

have not ()

had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize HATS, Inc. and the Department of Developmental Disabilities to have full and complete access to any and all personnel or investigative records as it pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

Signature of Employee _____

Date _____

Witness _____

Date _____