



# H.A.T.S., Inc. – Applicant Information Form

## Personal Information

Full Name: \_\_\_\_\_  
Last First MI

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

## Employment Information

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employment Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Miscellaneous Information

What job are you applying for? \_\_\_\_\_

Do you have a valid TN driver's license (List Endorsements if applicable)? \_\_\_\_\_

List your highest Level of Education/Certification(s): \_\_\_\_\_

Describe any past experience working with people with intellectual disabilities and/or providing general care of others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_