**TENNESSEE CHILDREN’S HOME APPLICATION FOR EMPLOYMENT**

**804 Branham Hughes Circle, PO Box 10, Spring Hill, TN 37174**



**TCH is a not-for-profit Christian Ministry. We are licensed by the TN. Department of Children’s Services and accredited by the Council On Accreditation. All statements made by applicants for employment on this application form will be checked for accuracy. We are an Equal Employment Opportunity Employer. We do not use personal information in our hiring process and are dedicated to hiring the person who is best suited for our jobs without any knowledge or consideration to any individual’s membership in any protected class. However, in order to promote the religious morals, principles and beliefs of our primary funding source, we give preference to members of the Church of Christ in good standing. This religious exemption from Title VII is in Section 702 of the Civil Rights Act of 1964.**

Click here to enter text.

**Last Name First Middle**

Click here to enter text.

**Address City State Zip Code**

Click here to enter text.

**Telephone Number(s) Home Office Cell**

Click here to enter text.

**Person to notify in case of an Emergency Relationship Phone # (include area code)**

**Are you at least 21 years of age? ☐ Yes ☐No (Must be at least 21 years of age to work directly with children)**

**Can you produce documented proof of your identity and eligibility for employment in the United States? ☐ Yes ☐ No (example: social security card, driver’s license, birth certificate, and/or Immigration and Naturalization Service Documents)**

**Are you a Christian: ☐ Yes ☐ No If yes, how long:**Click here to enter text.

**Church You Attend:** Click here to enter text.

**How frequent?**Click here to enter text.

**Do you use tobacco products? ☐ Yes ☐ No**

**Do you use alcohol products? ☐ Yes ☐ No**

**Do you have relatives who work for this agency? ☐ Yes ☐ No**

**If yes, list names:**Click here to enter text.

**Position(s) applying for:** Click here to enter text.**Salary☐ Hourly☐**

**Salary or wages desire:** Click here to enter text.**hr./week/month/annual**

**Have you applied for a job with us before? Yes ☐ No☐**

**Have you worked for us before? Yes ☐ No ☐**

**If yes, when?** Click here to enter text.**Position:**Click here to enter text.

**If considered for employment, what date will you be available for work?**Click here to enter text.

**How were you referred to our agency?**Click here to enter text.

**Have you ever been discharged or requested to resign from a position? ☐ Yes ☐No**

**If yes, please explain**Click here to enter text.

**Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)?**

**☐Yes ☐No**

**If yes, list convictions: (A conviction does not necessarily disqualify the applicant for the position being applied for).**Click here to enter text.

**Have you ever been listed on any State Abuse Registry? ☐Yes ☐No**

**If yes, list registries**Click here to enter text.

**List additional experiences, skills, or qualifications, which have prepared you to work with this organization.** Click here to enter text.

**EDUCATION**

Please list your education and experience below. If you are applying for a residential child care worker or houseparent position, certain educational qualifications are required by the State of Tennessee’s Department of Children’s Services. Child care workers must have a high school diploma or a GED and one year of experience working in a children’s services program. Experience in a residential setting is preferred. Volunteer experience, practicum and intern experience in programs/facilities that work with dysfunctional children and families may be counted as pertinent experience. An Associate Degree or a Bachelor’s Degree that includes substantial hours in the social sciences may be substituted for one year of experience.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education** | **School Name** | **Address**  **(City, State)** | **Course of Study** | **Diploma/Degree** | **Dates Attended** |
| High School | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Undergraduate  College | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Undergraduate  College | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Graduate  School | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other (training  Internship, practicum exp.) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**REFERENCES**

Please list five people who are well acquainted with you professionally, spiritually, academically, and/or personally but are not related to you. Please include in your references a current or former employer, a business associate, and a church leader (i.e. preacher, elder, deacon). Incomplete information can result in a delay in the application process. Please make sure all addresses are filled out correctly and completely.

**NAME & ADDRESS**

**Church Leader Address Phone Years Known**

**Personal:**

Click here to enter text.

**Name Address Phone Years Known**

Click here to enter text.

**Name Address Phone Years Known**

Click here to enter text.

**Name Address Phone Years Known**

Click here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**

**Name Address Phone Years Known**

**WORK EXPERIENCE**

Please list work history for the past five years. Failure to complete may delay your application

Most Recent Employer: Click here to enter text.Telephone Number:Click here to enter text.

Address (City, State):Click here to enter text. Job Title:Click here to enter text.

Dates Employed:(From)Click here to enter text.(To)Click here to enter text.Salary:(Start)Click here to enter text.(Ending)Click here to enter text.

Supervisor:Click here to enter text. Reason for leaving:Click here to enter text.

May we contact? ☐Yes ☐No

Most Recent Employer: Click here to enter text.Telephone Number:Click here to enter text.

Address (City, State):Click here to enter text. Job Title:Click here to enter text.

Dates Employed:(From)Click here to enter text.(To)Click here to enter text.Salary:(Start)Click here to enter text.(Ending)Click here to enter text.

Supervisor:Click here to enter text. Reason for leaving:Click here to enter text.

May we contact? ☐Yes ☐No

Most Recent Employer: Click here to enter text.Telephone Number:Click here to enter text.

Address (City, State):Click here to enter text. Job Title:Click here to enter text.

Dates Employed:(From)Click here to enter text.(To)Click here to enter text.Salary:(Start)Click here to enter text.(Ending)Click here to enter text.

Supervisor:Click here to enter text. Reason for leaving:Click here to enter text.

May we contact? ☐Yes ☐No

Most Recent Employer: Click here to enter text.Telephone Number:Click here to enter text.

Address (City, State):Click here to enter text. Job Title:Click here to enter text.

Dates Employed:(From)Click here to enter text.(To)Click here to enter text.Salary:(Start)Click here to enter text.(Ending)Click here to enter text.

Supervisor:Click here to enter text. Reason for leaving:Click here to enter text.

May we contact? ☐Yes ☐No

Most Recent Employer: Click here to enter text.Telephone Number:Click here to enter text.

Address (City, State):Click here to enter text. Job Title:Click here to enter text.

Dates Employed:(From)Click here to enter text.(To)Click here to enter text.Salary:(Start)Click here to enter text.(Ending)Click here to enter text.

Supervisor:Click here to enter text. Reason for leaving:Click here to enter text.

May we contact? ☐Yes ☐No

**HISTORY OF RESIDENCE**

Please fill in towns, states and counties of residence for the last ten years

Name:Click here to enter text.

1. Address:Click here to enter text. City:Click here to enter text.State:Click here to enter text.

Dates of Residence:Click here to enter text. County:Click here to enter text.

1. Address:Click here to enter text.City:Click here to enter text.State:Click here to enter text.

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1. Address:Click here to enter text. City:Click here to enter text. State:Click here to enter text.

Dates of Residence:Click here to enter text. County:Click here to enter text.

1. Address:Click here to enter text. City:Click here to enter text. State:Click here to enter text.

Dates of Residence:Click here to enter text. County:Click here to enter text.

1. Address:Click here to enter text. City:Click here to enter text. State:Click here to enter text.

Dates of Residence:Click here to enter text. County:Click here to enter text.

**APPLICANT’S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation may result in the rejection of my application and my candidacy for this position or any other position with the Organization. I authorize the Organization to make an investigation of any facts set forth in this application and release the organization from any liability.

I understand that employment at this Organization is “at-will”, which means that either I or the organization can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Organization, other than the president in a signed writing has any authority to alter the foregoing.

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE**

**CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize **Tennessee Children’s Home,** by and through its independent contractor, Kroll Background America, Inc. (“BAI”), to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record; and any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to **BAI** that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Tennessee Children’s Home**, by and through **BAI**, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **Tennessee Children’s Home**, **BAI** and any and all person, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized. MY SIGNATURE IS ACKNOWLEDGEMENT THAT I HAVE RECEIVED A COPY OF THE CONSUMER SUMMARY.

Printed Name:Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 First Middle Last

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Residence Address:Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/PO Box Street Name

\_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip County

Social Security Number:Click here to enter text. Daytime phone:Click here to enter text.

Driver’s License Number:Click here to enter text. State of Issuance:Click here to enter text.

Date of Birth\*:Click here to enter text.Gender\*:Click here to enter text.Race\*Click here to enter text.

\*This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.