



**Applicant Information**

(Please print or type clearly. Use blue or black ink.)

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

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

On what date would you be available to work? \_\_\_\_\_

Do you have a shift preference?  Days  Evenings  Nights

What hours are you applying for?  Full time  Part time  PRN

If your position requires travel, are you available to travel?  Yes  No

Have you ever worked for us before?  Yes  No If yes, when? \_\_\_\_\_

Are you currently employed?  Yes  No If yes, where? \_\_\_\_\_

Why are you looking to change jobs? \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Graduated?  Yes  No Degree: \_\_\_\_\_

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

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Graduated?  Yes  No Degree: \_\_\_\_\_

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

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Graduated?  Yes  No Degree: \_\_\_\_\_

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

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Graduated?  Yes  No Degree: \_\_\_\_\_

**Employment References:** Start with your present or last job. Include any job related military service assignments and volunteer activities. List all employers whom you have worked for at least six (6) months in the last five (5) years. If additional space is needed, continue on a separate sheet of paper.

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly rate/Salary: \_\_\_\_\_  
Describe work performed: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your current employer?  Yes  No

Most Recent Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly rate/Salary: \_\_\_\_\_  
Describe work performed: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly rate/Salary: \_\_\_\_\_  
Describe work performed: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly rate/Salary: \_\_\_\_\_  
Describe work performed: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly rate/Salary: \_\_\_\_\_  
Describe work performed: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Personal References:** List 3 people who have known you for at least 5 years and are not related to you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_



**Special Needs Nursing, LLC**

808 Tusculum Blvd.  
Greeneville, TN 37745  
(423) 638-9995

**Applicant Reference Check**

Applicant Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

"I, the undersigned applicant, hereby give my permission for Special Needs Nursing, LLC to check references regarding my work performance and attendance. Both employment and personal references may be checked."

\_\_\_\_\_  
Applicant Signature Date

(Continue to top of page 5.)

**For office use only.**

**Current or most recent employer:** (For office use only.)

Company Name: _____
Employment Date: From: _____ To: _____
Job Duties: _____
Reason for leaving: _____
Comments: _____
Would you rehire? ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and title of person giving reference: _____

**Employers for six (6) months in the last five years:** (For office use only.)

Company Name: _____
Employment Date: From: _____ To: _____
Job Duties: _____
Reason for leaving: _____
Comments: _____
Would you rehire? ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and title of person giving reference: _____
Company Name: _____
Employment Date: From: _____ To: _____
Job Duties: _____
Reason for leaving: _____
Comments: _____
Would you rehire? ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and title of person giving reference: _____

**Employers for six (6) months in the last five years (continued):** (For office use only.)

Company Name: \_\_\_\_\_  
Employment Date: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Comments: \_\_\_\_\_

Would you rehire? ?  Yes  No  
Name and title of person giving reference: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Employment Date: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Comments: \_\_\_\_\_

Would you rehire? ?  Yes  No  
Name and title of person giving reference: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Employment Date: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Comments: \_\_\_\_\_

Would you rehire? ?  Yes  No  
Name and title of person giving reference: \_\_\_\_\_

**Personal References:** (For office use only.)

Name: \_\_\_\_\_  
How long have you known? \_\_\_\_\_  
Have you ever worked with them anywhere? \_\_\_\_\_  
Comments : \_\_\_\_\_

Name: \_\_\_\_\_  
How long have you known? \_\_\_\_\_  
Have you ever worked with them anywhere? \_\_\_\_\_  
Comments : \_\_\_\_\_

Name: \_\_\_\_\_  
How long have you known? \_\_\_\_\_  
Have you ever worked with them anywhere? \_\_\_\_\_  
Comments : \_\_\_\_\_

(For office use only.)

\_\_\_\_\_  
Employer Representative

\_\_\_\_\_  
Date



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**Consent to Conduct Background Investigation**

(Please Print)

**Full Legal Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Years at Current Address:** \_\_\_\_\_ **Years lived in TN:** \_\_\_\_\_

If less than one year, give prior addresses for last (3) years including state.

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

**Have you ever been convicted of a felony?**  Yes  No

If yes, explain below. List dates and location of offense.

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

**Have you ever been convicted of a misdemeanor?**  Yes  No

If yes, explain below. List dates and location of offense.

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

**Have you ever been convicted of anything other than minor traffic violations?**  Yes  No

(Conviction will not necessarily disqualify an applicant from employment.)

If yes, Please give detailed explanation including date charged, location, court, etc.

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

"I, the undersigned applicant, authorize Special Needs Nursing, LLC to use my personal information for the purpose of conducting State and/or Federal background investigations."

"By signing below, I certify that this information is correct and complete. I also understand that if any felonies or misdemeanors show up on my background check, that I have not stated above, I will be liable for reimbursement to Special Needs Nursing, LLC for the fee of the background check."

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Representative

\_\_\_\_\_  
Date



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**Applicant Affirmation & Statement of Release of Information**

(Please Print)

**Full Legal Name:** \_\_\_\_\_

**Previously Used Names** (Include maiden name, nicknames, aliases, etc.): \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State Issued by:** \_\_\_\_\_

"I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief;

I have or  I have not

had or received a finding of a substantiated case of abuse, neglect, mistreatment or exploitation against me. As a condition of submitting this application and in order to verify this affirmation, I further release and authorize Special Needs Nursing, LLC and the Tennessee Division of Intellectual Disabilities Services and/or any other federal or state regulating oversight agency to have full and complete access to any and all current or prior personnel and/or investigative records, from any party, business or agency, as pertains to any substantiated allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate."

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Representative

\_\_\_\_\_  
Date



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## Applicant Statement

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"I, the undersigned applicant, certify that the answers given herein are true and complete to the best of my knowledge. I understand that falsification, omission or misstatement of information may result in refusal to hire or if hired, termination of employment."

"I hereby give permission to Special Needs Nursing, LLC to conduct a background check including but not limited to information as to my character, general reputation, personal characteristic and mode of living, discerned through employment and education verifications; personal references, personal interviews; work history, business and personal records, and hold harmless the above referenced. This information will be obtained and used to verify information I have provided to Special Needs Nursing, LLC. I understand that any offer of employment is contingent upon the result of the aforementioned background checks."

"This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should submit another application when applications are being accepted."

"I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the organization is of an 'at will' nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization."

"Special Needs Nursing, LLC considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sex or any other legally protected characteristics."

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Applicant Name (print)

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Applicant Signature

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Date

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Employer Representative

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Date



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**Criminal Background Check, Drug Screen Test  
and Education Repayment Contract**

"I, the undersigned applicant, fully understand and agree that if I choose to terminate my employment with Special Needs Nursing, LLC for any reason before the period of nine (9) months of employment is completed, I will reimburse Special Needs Nursing, LLC for any drug screen tests and/or criminal background checks performed."

Current Fee Schedule:

- Criminal Background Check: **\$29.00**
- Drug Screen Test: **\$10.00**

"I also fully understand that if my employment ends within the first nine (9) months, I will be responsible for reimbursement of any testing fees and the education and training costs that may have occurred initially with my employment."

"I further agree to allow Special Needs Nursing, LLC to withhold from my last payroll check the fees for the drug screen tests and/or criminal background checks performed and any amount owed for testing, education and training. If in the event my last pay check is not enough to adequately cover all charges, I understand I will be billed for the remaining balance amount which will be due and payable upon receipt. And, I understand that if I do not pay any remaining balance owed within 30 days, the unpaid balance will be submitted to a collection agency."

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Representative

\_\_\_\_\_  
Date