

INSTRUCTIONS:

Complete this application and download the edited version to your device. Then please email to aatkinson@yourhometeamcare.com as an attachment.

Thank you and we will contact you soon!



www.yourhometeamcare.com | (865) 332-5000

EMPLOYEE APPLICATION AND BACKGROUND CHECK FORM



Name: _____ Email Address: _____
 Address: _____ Date of Birth: _____
 _____ Date of Hire: _____
 Phone Number: _____ SSN: _____
 Position(s) Applying For: _____ Desired Pay: _____
 TNDL# _____ Exp. Date: _____

WORK HISTORY/ACTIVITY: Last five years required/verified (All GAPS must be explained)

(YHTC must document contacts with employers of 6 months or longer plus the most recent)

Dates (begin-end)	Previous Employer with city & state/phone number/contact person	Position	Reason for leaving	YHTC Contact Notes (Date/Person/Comments)

PERSONAL REFERENCES: Must list three; one must have known you at least five years (Do not list/duplicate work reference contacts or family members)

(Facility must document contact with at least two of the three references)

Name/Phone Number	Years Known	YHTC Contact Notes (Date/Comments)

All of the above information is true to the best of my knowledge. I hereby authorize Your Home Team Care to request and receive any information and records including, but not limited to criminal background check, driving, and previous/present employment, from any corporations, individuals, association, agencies or departments.

Signature: _____ Date: _____

Your Home Team Care is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Employment Position

How did you hear about this position? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? Yes _____ No _____

Are you currently receiving any government assistance? Yes _____ No _____ If so, what type _____

Education and Training

School Name	Location (City, State)	From	To	Degree / Certificate Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Your Home Team Care complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Personal Information

Do you have any friends, relatives, or acquaintances working for Your Home Team Care? Yes _____ No _____

If yes, state name & relationship: _____

Are you 18 years of age or older? Yes _____ No _____

Are you a U.S. citizen or approved to work in the United States? Yes _____ No _____

Will you consent to a mandatory controlled substance test? Yes _____ No _____

Do you have any condition which would require job accommodations? Yes _____ No _____

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes _____ No _____

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Military

Are you a member of the Armed Services? Yes _____ No _____

Branch of the military: _____ From _____ To _____

Military rank at discharge: _____ Type of Discharge: _____

If other than honorable, please explain:

AT-WILL EMPLOYMENT

The relationship between you and the Your Home Team Care is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Your Home Team Care. No representative of Your Home Team Care has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ Dated: _____