

FAMILY RESOURCE AGENCY, INC.
 3680 MICHIGAN AVE. NE
 CLEVELAND, TN. 37323

EMPLOYMENT APPLICATION

Please **print** and use an ink pen. Answer all questions **fully** or your application may be **discarded**.

Today's Date: _____ Position/Positions applied for: _____

Name: _____ Birth Date: _____
(Last) (First) (Middle)

Any other last name you may have used: _____

Address: _____
Number Street City State Zip Code

Phone: (_____) _____ Social Security Number: _____

Next of kin or other person to reach in case of an emergency:

Name _____ Relationship _____ Phone Number _____

Have you ever been employed by the Family Resource Agency before? Yes No

If yes, give date: _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from being lawfully employed in this country because of Visa or Immigration Status? Yes No

If yes, please explain: _____

What type of employment are you interested in? Full-time Part-time Either

EDUCATIONAL BACKGROUND: (List Diplomas, Degrees, Certifications, or highest level of education attained)

SCHOOL/INSTITUTION	ADDRESS	GRADE COMPLETED	DIPLOMA, DEGREE, ETC.	DATE

VOLUNTEER EXPERIENCES: (List relevant training programs, workshops, conferences, etc. Also, if needed, use this space for other Educational experience)

TITLE	PLACE	DATE	HOURS CREDITED

EMPLOYMENT HISTORY: (LIST MOST RECENT JOB FIRST / USE BACK OF PAGE IF NECESSARY)

FILL IN ALL INFORMATION

ORGANIZATION	POSITION, AND BRIEF DESCRIPTION OF DUTIES	SALARY	BEGINNING AND ENDING DATES	REASON FOR LEAVING OR WANTING TO LEAVE
Name:				
Address:				
Phone:				
Supervisor:				
Name:				
Address:				
Phone:				
Supervisor:				
Name:				
Address:				
Phone:				
Supervisor:				
Name:				
Address:				
Phone:				
Supervisor:				

Summarize any other special skills or qualifications you have: _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Have you ever been investigated for child abuse or neglect? Yes No

If yes, please explain: _____

TCA 14-10-129 states that "each person applying to work with children as a volunteer or as a paid employee ... shall complete an application on a form prescribed or approved by the Department of Human Services ... It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information."

Family Resource Agency (FRA) is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualification, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal, or local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that FRA will make a thorough investigation of my entire work history and may verify all data given on my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by FRA and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. Employment with this agency shall be defined as "employment at will" unless otherwise indicated in writing and signed by the agency Executive Director or duly authorized Program Director.
4. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment.
5. Although management makes every effort to accommodate individual preferences, business needs may, at times, make changes in the work schedule necessary. I understand and accept these as conditions of my continuing employment.

I have read and understand all of the above information:

Date

Signature of Applicant

FAMILY RESOURCE AGENCY

DRIVING RECORD DECLARATION FORM

Since many employees of the Agency may drive an Agency vehicle, or transport children, clients, or other employees in their own vehicle, in certain situations through the course of their work, then certain driving record information must be provided regarding prospective employees.

Declarations may exclude parking tickets. Individuals who declare, through this form, that they have been arrested for, charged with, convicted of, or ticketed with any of the offenses listed are not automatically disqualified from being hired. Each case will be reviewed to assess the relevance of the matter to a hiring decision.

(Explain any 'yes' answers in the lined section at the bottom of the form, or on the back of the page. Give dates, locations, etc. along with your explanation.)

1. Have you received a ticket for any type of moving violation within the past five years? Yes No
2. Have you ever been convicted of any drug or alcohol-related offense involving the driving of a motor vehicle?
 Yes No
3. Have you ever had a driver's license revoked or suspended? Yes No

NOTE: We will not process your application without completion of this form. This information will be verified through appropriate law enforcement and/or motor vehicle record channels. Your signature on this form gives your permission for the Family Resource Agency Inc. to conduct such an inquiry.

PRINT: FULL NAME

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

STATE

PRINT ANY OTHER NAMES YOU HAVE EVER GONE BY.

SIGNATURE

DATE

Explanation of any 'yes' answers: _____

FAMILY RESOURCE AGENCY, INC.

**AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION
AND PROSPECTIVE EMPLOYEE DECLARATION FORM**

TO ALL APPLICANTS: Federal policies now require that all prospective employees who work with children sign a declaration prior to employment which list: 1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition; 2) Convictions related to other forms of child abuse and/or neglect; and 3) All convictions of violent felonies. Declarations may **EXCLUDE:** 1) Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law; 2) Any conviction for which the record has been expunged under federal or state law; and 3) Any conviction set aside under the Federal Youth Corrections Act or similar State Authority.

Individuals who declare, through this form, that they have been arrested for, charged with, or convicted of any of the offenses listed above are not automatically disqualified from being hired. Each case will be reviewed to assess the relevance of and arrest charge or conviction to a hiring decision and/or continued employment.

Please note that if you are selected as a final candidate for employment, then you will have to complete a more in depth background check, which may also include a more detailed criminal history form.

Please check the appropriate category below. **(NOTE: We will not process your application without completion of this form.)**

YES _____ I have been arrested for, charged with, and/or convicted of the types of offenses listed above. If you checked YES, explain using additional sheets, attach any and all information listing offense(s) and dates of any arrests, charges, and/or convictions; also attach any other relevant information.

NO _____ I have not been arrested for, charged with, and/or convicted of the types of offenses listed above.

I hereby authorize the _____ (county where you live) Sheriff's Department or any other law enforcement agency to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency and this criminal history information will be released to me or any person or agency I authorize to receive this information.

The personal information listed below is used only for identification purposes related to the Criminal Background Check.

Name: _____
Print Full Name Social Security #

Address: _____
Driver's License #

Date of Birth

Sex: _____ Race: _____

Signature: _____

Do not write below this line.

Notary: _____ Date: _____