

APPLICATION FOR EMPLOYMENT

(Do not leave blanks. Information on resume must be on application)

DATE OF APPLICATION: _____

PLEASE PRINT

Last Name		First Name		MI
Maiden Name (If Applicable)			Social Security Number	
Present Address (Street Number)			City, State Zip Code	
Home Phone #	Cell Phone #	Emergency Contact Person	Emergency Contact Phone #	
Email Address:		Name of Employee Referral		
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have the right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Why do you desire a change?		
Please circle gender Male Female				
Position Applied for?		How soon can you report for work?		
Type: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp	Days you can work (Circle) M T W Th F Sa Su		Shifts you can work (Circle): 1 st 2 nd 3 rd	
Indicate what current certifications / training you possess (check): <input type="checkbox"/> CPR <input type="checkbox"/> 1 st Aid <input type="checkbox"/> CPI <input type="checkbox"/> Med Admin <input type="checkbox"/> Other List Below				
List all Other Training you have Pertinent to this position:				
Have you ever been dismissed/ asked to resign from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain				
Did any dismissal or requested resignation involve abuse, neglect or any act of aggression? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state conviction, date, court and place where offence occurred.				
Have you ever been required to register as a sexual offender? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain				
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		DL Number	DL issued in what State	
Type of Auto Insurance: <input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage		Number of Traffic violations within the past 5 years?		

EDUCATION

High School City/State	Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:
College/University City/State	Degree Earned:	Year:

EMPLOYMENT HISTORY

(Start with present employer and continue for a 5 year history – ask for additional sheets if necessary)

1) Name of Employer		Address of Employer	Phone Number
Immediate Supervisor		Date Hired	Starting Pay
Your Job Title		Date Left	Final Pay
Job Duties			
Reason for Leaving		May we use this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Name of Employer		Address of Employer	Phone Number
Immediate Supervisor & Position		Date Hired	Starting Pay
Your Job Title		Date Left	Final Pay
Job Duties			
Reason for Leaving		May we use this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Name of Employer		Address of Employer	Phone Number
Immediate Supervisor & Position		Date Hired	Starting Pay
Your Job Title		Date Left	Final Pay
Job Duties			
Reason for Leaving		May we use this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Name of Employer		Address of Employer	Phone Number
Immediate Supervisor & Position		Date Hired	Starting Pay
Your Job Title		Date Left	Final Pay
Job Duties			
Reason for Leaving		May we use this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Name of Employer		Address of Employer	Phone Number
Immediate Supervisor & Position		Date Hired	Starting Pay
Your Job Title		Date Left	Final Pay
Job Duties			
Reason for Leaving		May we use this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kharis Care, LLC. is an equal opportunity employer. Consideration for employment shall not be based on religion, race, color, creed, sex, age, national origin, disability, or military status. Employment of applicants for direct support services is contingent upon the approval of the individuals or his/her legal representative.

I understand and agree:

1. I hereby give consent for Kharis Care, LLC. to perform a complete background investigation as required under the laws of the State of Tennessee. I understand this investigation may include, but is not limited to, my driving record, criminal records and references. I understand that negative information may affect by eligibility for employment and shall not be considered discrimination by the company.
2. Any material misrepresentation or deliberate omission of facts in this application may be justification for refusal of or termination from employment.
3. Kharis Care will run a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorized such investigation and the exchange of information requested by Kharis Care. I release from liability any person giving or receiving any such information. I understand that falsification of facts so given, or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal. I understand that falsification of facts so given, or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
4. I authorize any physician or hospital to release information, which may be necessary to determine my ability to perform the duties of a job for which I am being considered.
5. After a conditional offer of employment has been made with Kharis Care, LLC. , I agree to take a medical examination by a qualified physician at the discretion of my employer.
6. I understand that management makes every effort to schedule employees to accommodate individual preferences and religious beliefs. However, the needs of the individuals supported may require overtime, rotation work schedules and locations, and holidays.
7. This is an application for employment. I understand that no employment contract is offered or implied.
8. If I become employed, such employment is for no definite period of time. Kharis Care may change wages, benefits and conditions of employment at any time.
9. If I become employed or receive a job status change after employment, I will serve a 90-day conditional probationary employment period.
10. If hired, I may be asked to sign a non-compete contract under company policy.
11. If employed I understand that I may be required to submit to fingerprinting, which will be submitted to the Tennessee State Bureau of Investigations for a complete criminal record check.
12. I consent to a drug screening as possible term or my employment and understand that I may be subject to random drug screening at any given time during my employment. Failure to comply with a drug screening or a positive drug screening may be cause for denial of employment or termination if employed.

I have read, understand, and agree to the above conditions.

Signature of Applicant _____

_____ Date

Printed Name of Applicant _____

This application will be kept in an active file for 30 days.

For Kharis Care, LLC. to process your application
You MUST have the following:
Office: (615) 586-1818
Fax: (615) 891-2408

Applicant Name (Print) _____ Date _____ Shift _____

Phone Number _____ Email Address: _____

- _____ Complete the attached Application fully
- _____ Complete the attached Background Screen Authorization
- _____ Complete the attached Abuse and Sex Offender Authorization
- _____ Complete all Employment and Personal Reference Authorizations
- _____ Provide a copy of your Driver's License
- _____ Provide a copy of your Social Security Card
- _____ Provide a copy of one of the following: Work Authorization, Permanent Residence Card, Passport,
Naturalization Certificate, Birth Certificate if US Citizen
- _____ Provide current Automobile Insurance Coverage
- _____ Provide TB Skin test or Chest X-ray Results
- _____ Provide Proof of Education (High School, GED, or College)
- _____ Provide the following: Proof of DIDD training___, CPR & First Aid___, Med Admin___, CPI___, etc.)

CPR & First-Aid/ William Swann (615) 947-3909 TB Test/Lentz Public Health Center 340-5616

For Kharis Care Staff Only:

I have reviewed the Application and attached documents and they are complete and ready for review. Copies of the above requested materials are attached.

_____ Kharis Care Staff Reviewing Application

Date _____

WRITTEN INTERVIEW FOR TRAINING INSTRUCTORS

PRINTED NAME: _____ DATE: _____

1. Please explain the difference between mental illness and mental retardation.

2. Please explain the differences between providing supports versus providing supervision to someone.

3. Please list how someone with a disability is similar to you and how he or she differs from you.

4. How would you react if you were providing supports to someone and they spit on you?

WRITTEN INTERVIEW FOR TRAINING INSTRUCTORS

5. What would you do if that same individual called you a vulgar name for no apparent reason?

6. This agency is a drug-free environment. What would you do if someone you worked with told you that another co-worker had been drinking alcohol on the job?

7. If the individual you support is supposed to have two staff working with him at all times and your co-worker has an emergency and leaves the shift two hours early, what would you do?

8. Just after arriving to work one morning you realize you have forgotten to pay your electric bill and it's due to be disconnected today. You ask the individual you support he/she wants to go with you to pay the bill and he/she agrees. What do you do?

Kharis Care, LLC.

NEW JOB / SECOND JOB INFORMATION SHEET

PRINTED NAME _____ DATE _____

EMPLOYER	SUPERVISOR'S NAME	START DATE	END DATE	SHIFT WORKING

All employees of Kharis Care must inform their supervisor of any new or second job no later than one week of the start date by filling out this form and all information must remain updated.

Failure to follow these standards will result in disciplinary action up to an including termination.

Signature

Date

Kharis Care, LLC.

ABUSE REGISTRY AND SEX OFFENDER LIST

I hereby give consent for Kharis Care, LLC. to conduct a check of reports of abuse, neglect or exploitation on record concerning me as well as the known sex offender list available to the public. I understand that if I am hired, any falsification and/or omissions that are later discovered will be grounds for immediate dismissal.

Print all names, aliases, etc. you have ever used:

First	Middle	Last	Maiden

List all residences within the United States for the last seven years:

Street Address County

City and State Zip Code Dates of Residence

Street Address County

City and State Zip Code Dates of Residence

Street Address County

City and State Zip Code Dates of Residence

Street Address County

City and State Zip Code Dates of Residence

Signature

Social Security #

Date

Continue on reverse side, if additional space is needed.

Kharis Care, LLC.

4015 Travis Drive, Ste 103
Nashville, TN 37211

Phone: (615) 586-1818
Fax: (615) 891-2408

Employee Reference Check

Name of Applicant _____ Soc Sec # _____

Name of Reference Source & Title _____ Fax _____

Name of Company _____ Phone _____

I authorize the above person/company to disclose the following information about my employment with them.

Signed _____ Date _____

(The section below is to be completed ONLY by an authorized representative of the above named company)

1. When did he/she work for your company? From _____ To _____

2. What was his/her job title? _____

3. What type of work did he/she perform? _____

4. Was his/her work satisfactory? _____

5. How was his/her attendance and punctuality? _____

6. Why did he/she leave your company? _____

7. Would you re-employ him/her? _____

8. Kharis Care provides twenty-four hour supports to adults and children with developmental disabilities. Do you know of any reasons why he/she would be unable to provide those supports to individuals we serve with or without direct supervision? If yes, please explain:

Additional Comments: _____

Phone Reference Yes _____ No _____ Person spoken with _____

Signature _____ Title _____ Date _____

Kharis Care, LLC.

4015 Travis Drive, Ste 103
Nashville, TN 37211

Phone: (615) 586-1818
Fax: (615) 891-2408

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Phone Reference Yes _____ No _____ Person spoken with _____

Signature _____ Title _____ Date _____

Kharis Care, LLC.

4015 Travis Drive, Ste 103
Nashville, TN 37211

Phone: (615) 586-1818
Fax: (615) 891-2408

Personal Reference Check

Name of Applicant _____

Name of Reference Source _____

Home # _____ Cell # _____ Work # _____

I, the above referenced applicant authorize the above referenced person to release the information contained in this request and shall hold harmless anyone releasing this information.

Signature of applicant _____ Date _____

(The section below is to be completed ONLY by the above named reference source)

1. How long have you known this person? _____

2. What is your relationship to this person? _____

3. How would you describe this person's character? (Reliable, honest, responsible, etc.)

4. Are you aware of any reason why this person should not be employed to work with a person with a disability?

5. Are you aware of any reason why this person should not transport a person with a disability in an automobile?

6. If you were in a position to employ this person, would you? _____

Additional Comments: _____

Signature of Reference Source

Date

Kharis Care, LLC.

4015 Travis Drive, Ste 103
Nashville, TN 37211

Phone: (615) 586-1818
Fax: (615) 891-2408

Personal Reference Check

Name of Applicant _____

Name of Reference Source _____

Home # _____ Cell # _____ Work # _____

I, the above referenced applicant authorize the above referenced person to release the information contained in this request and shall hold harmless anyone releasing this information.

Signature of applicant _____ **Date** _____

(The section below is to be completed ONLY by the above named reference source)

1. How long have you known this person? _____

2. What is your relationship to this person? _____

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4. Are you aware of any reason why this person should not be employed to work with a person with a disability?

5. Are you aware of any reason why this person should not transport a person with a disability in an automobile?

6. If you were in a position to employ this person, would you? _____

Additional Comments: _____

Signature of Reference Source

Date

Background Investigation Requested By:
Kharis Care, LLC.
4013 Travis Drive. Suite 210
Nashville, TN 37211

Background Investigation Compiled By:
Fowlers' Profile Links, Inc.
P. O. Box 291043
Nashville, TN 37229-1043

DISCLOSURE AND AUTHORIZATION FORM

(1) BACKGROUND INVESTIGATION QUESTIONNAIRE:

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

Address: _____
(Street) (City) (State) (Zip Code)

Social Security Number: _____ Telephone Number: _____

Other Name (s): _____ / _____
(Used Within the Last 7YRS. E.g. Maiden, Other Married Names) Year of Name Change

Driver's License Number: _____ State _____ Date of Birth: _____

Name on Driver's License: _____

Previous Residential Addresses (Previous 7 years):

Former Address:

Street _____ City _____ State _____ Years Resided _____

Former Address:

Street _____ City _____ State _____ Years Resided _____

Former Address:

Street _____ City _____ State _____ Years Resided _____

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last 7 years?

Yes _____ No _____

Are you currently charged or under investigation for any violation of the law other than minor traffic violations?

Yes _____ No _____

DISCLOSURE AND AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Kharis Care, LLC. may obtain information about you from a consumer reporting agency for Employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants as a tenant is an investigation into your education and/or employment history conducted by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Kharis Care, LLC** to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Mighty Hearts Home Care, Inc. by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** another outside organization acting on behalf of **Kharis Care, LLC**, and/or **Kharis Care, LLC**, itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

NOTICE: Fowlers' Profile Links, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Fowlers' Profile Links, Inc. background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

SIGNATURE: _____ DATE: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records).

Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.**

Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.**

You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.**

Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.**

If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.**

Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.**

In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.**

A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.**

A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.**

Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists

these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567- 8688.

- **You may seek damages from violators.**

If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.**

For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings Response Center –associates, or credit also should list, in addition to the Bureau:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

CONTACT:

a. Bureau of consumer Financial Protection
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Response Center
P. O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street

Alexandria, VA 22314

- | | |
|--|---|
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings
Department of Transportation
400 Seventh Street SW
Washington, DC 20590 |
| 4. Creditors Subject to Surface Transportation Board | Office of Proceedings, Surface Transportation Board
Department of Transportation
1925 K Street NW
Washington, DC 20423 |
| 5. Creditors Subject to Packers and Stockyards Act area supervisor | Nearest Packers and Stockyards Administrator |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access
United States Small Business Administration
403 Third Street, SW, 8 th Floor
Washington, DC 20416 |
| 7. Brokers and Dealers | |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other creditor operates or Creditors Not Listed Above | FTC Regional Office for region in which the Federal Trade Commission: Consumer Response Center-FCRA
Washington, DC 20580 |

Kharis Care LLC

STATEMENT FOR RELEASE OF INFORMATION

Date:

Name of Agency & Region: Kharis Care LLC - Middle TN

Full Name of Employee:

Previously used names (nicknames, maiden name, etc.)

SS#:

DL#:

State of DL:

Hire Date:

I, *(name of employee or contractor)*, certify and affirm that to the best of my knowledge and belief I have or have not (as applicable) had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize *(Provider's name and region)* and the Tennessee Division of Mental Retardation Services to have full and complete access to any and all personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

Signature of Employee:

Date:

Witness:

Date: