HABILITATION AND TRAINING SERVICES, INC.

We are an equal opportunity employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, creed, age, disability, military or veteran status, national origin or any other protected status.

PERSONAL INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP
PREVIOUS ADDRESS IF LESS THAN 3 YRS			
ARE YOU 18 YEARS OR OLDER? ☐ YES ☐ NO	HOME PHONE	CELL PHONE	

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY NEEDED
ARE YOU EMPLOYED NOW? ☐ YES ☐ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO	
EVER APPLIED TO OR WORKED WITH THIS AGENCY BEFORE? ☐ YES ☐ NO	WHERE/WHEN DID YOU WORK FOR HATS?	
WHO REFERRED YOU TO THIS COMPANY? ☐ EMPLOYMENT AGENCY ☐ NEWSPAPER ADVERTISING ☐ FRIEND ☐ STATE EMPLOYMENT OFFICE ☐ COLLEGE PLACEMENT SERVICE ☐WALK-IN		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPON-DENCE SCHOOL				

GENERAL

SPECIAL SKILLS OR TRAINING

FORMER EMPLOYERS

Provide past work history containing a continuous description of activities over the past five years, starting with the most recent employer. Use back if more space is needed.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR?	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR?	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR?	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR?	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR?	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR?	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

BELOW, GIVE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST FIVE YEARS

NAME		ADDRESS OR DAYTIME PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE/RANK

Have you ever been convicted of any of the crimes listed below? ☐ Yes ☐ No

All employees with direct contact and direct responsibilities for persons with disabilities either on a full or part-time basis, must pass a criminal background check. Please explain any prior convictions of any felony involving sexual crimes, homicide or attempted homicide, felonious assault, breaking & entering, robbery, burglary, theft, fraud, breach of fiduciary duty, child abuse, arson or if you have been required to register as a sexual offender. If yes, please explain

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief; I have ____ or have not _____ had a case of abuse, neglect, mistreatment, or exploitation substantiated against me. As a condition of submitting this application and in order to verify this affirmation I further release and authorize HATS, Inc. and the Tennessee Division of Mental Retardation Services to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business or agency, as pertains to any investigation against me of abuse, neglect, or mistreatment and to consider this information as may be deemed appropriate.

Signature **Date**

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I understand in order to be considered for employment, the application must be completed in full.

_____

DATE SIGNATURE

Acknowledgement and Consent Form

I hereby consent and authorize an investigative consumer report for background checks to be conducted if deemed appropriate by H.A.T.S., Inc. in partnership with E & A Solutions, Inc. Public records may be used in this report, such as civil and criminal records and driving records. I realize this inquiry may include information regarding my character, general reputation, a criminal background check and motor vehicle report. I release H.A.T.S., Inc. and E & A Solutions, Inc. from liability associated with obtaining that inquiry.

This consumer report will be used for employment purposes and may be subject to the Fair Credit Reporting Act. I may receive a free copy of this report. Before any adverse action is taken based on this report I will receive copy of the report and notice of my rights under the FCRA.

DATE _____

Full Legal Name _____

Address _____

Maiden Name/Alias Names _____

Date of Birth _____ Gender _____

Driver's License Number _____ State Issued _____

Name as it Appears on License _____

Social Security Number _____

Signature of person representing H.A.T.S., Inc. _____