

## **Professional Care Services, Inc.**

"Helping Hands In Our Community"

**Application for Employment** 

1997 Hwy. 51 South, Covington, TN 38019

Email application to: <a href="https://example.com/HR@pcswtn.org">HR@pcswtn.org</a> or fax to 901-313-1125

\* Please complete all applicable areas of application/ Incomplete applications will not be considered

								Office Use Only: Date Received:		
Check <b>all</b> that you may be interested in: Full-Time Part-time Temporary: Consultant:								ltant:		
Last Name First Name							Middle Initial			
Mailing Address City							Social Security #			
State	Zip Cell Telephone No. Home Telephone No. Business Phone No. E-M						E-M	Iail Address		
Driver's License # State Expiration Date: Endorsement Type:							Expected Salary:			
	ccommodati	on would assis	you?						☐ Yes ☐ No	
offense? (Convic	Have you <b>ever</b> been convicted of, pled guilty to, or pled nolo contendere to any felony, misdemeanor, or criminal offense? (Conviction is not an automatic bar to employment. Each case is considered on its individual merits).  Nature of Offense  Name & Location of Court  Date of Conviction							al	☐ Yes ☐ No	
Have you ever been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a professional, or for fraud, an act of violence, child abuse or sexual offense or sexual misconduct? If yes, must provide details.							☐ Yes ☐ No			
Are you currently under any type of investigation that would be considered inappropriate workplace conduct or behavior? If yes, must provide details.						☐ Yes ☐ No				
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>							☐ Yes ☐ No			
Are you a former employee of the Professional Care Services of West TN, Inc? If yes please give:  **Last Date(s) of Employment Department / Division**							☐ Yes ☐ No			
Have you ever been discharged or asked to resign from any position? If yes, please give employer, date and reason.  Employer Date and Reason							son.	☐ Yes ☐ No		
Do you have any relatives working for Professional Care Services? If yes, please complete the following: (Continue listing relatives on a separate page if necessary)  Name Relationship Department								☐ Yes ☐ No		
If hired, are you authorized to work in the United States? For noncitizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.						☐ Yes ☐ No				
Do you now hold or are you a candidate for an elective public office?						☐ Yes ☐ No				
You must provide at least (3) personal/ character references who has known you 5 or more years										
Name Telephone Number    Control of the control of						Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or condition prescribed by State or local law.				

EDUCATION AND TRAINING									
ELEMENTARY AND HIGH SCHOOL EDUCATION									
Highest Grade Completed (choose one) Did you graduate from High School or obtain a GED?  Name and Location of Last School Attended (High School, Junior High or Elementary)									
□1 □2 □3 □4 □5 □6	a GED?	Name:				iooi, juilloi	riigii oi Elemen	nary)	
□7 □8 □9 □10 □11 □12		Y	ES NO		Location:				
Location.									
RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)									
Names and Locations of School	Dates Attended (Mo & Yr) From To		Courses	s/Subjects Comple	ted	Credit		s/Certificates	
realites and Locations of School					Hours		Re	Received	
COLLEGES				D (UNDERGRAI ed accredited			<b>E</b> )		
	Dates A	ttended		t Hours	Type of	Degree			
Names and Locations of School(s)	(Mo	& Yr) To		OR Quarter	Earn (e.g.B		Major	Minor	
	TTOIII	1 10 Semester OR Quarter (e.g.D1		123)					
Major <u>Undergraduate</u>	Credit Hours			Major <u><b>Graduate</b></u>			Credit	Hours	
College Subjects	Semester OR Quarte		R Quarter	College Subje			Semester C	Semester OR Quarter	
			RELATED LIC	CENSES					
Professional License Issued By	Field	l/Trade Sp	ecialization	ation License Number			Issue Date	Expiration Date	
							Date	Date	
Have you ever had sanctions or adverse actions filed against you by MediCare or Medicaid or any other federal or state agency or program?									
SKILLS									
Dlagga list any specific skills you have	that men	ıld hala -			in which	ou are essi	ving for		
Please list any specific skills you have	tiiat wot	па петр у	ou with the Job	responsionines i	m which y	ou are appi	ymg for:		

## EMPLOYMENT HISTORY

Lenne	essee Code Title 33 (		ostance Abuse and Intellectual and De ch of your employers in the past five ye						
Please provide a name and contact number to reach each employer in the past 5 years:									
1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)						
Paid	Work Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number					
Reason fo	r Leaving			I					
Title of Po	Title of Position Held  Number & Job Title of Employees you Supervised								
Describe j	ob responsibilities in orde	der of importance:							
2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city a	and state are required)					
Paid	Work Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number					
Reason fo	r Leaving								
Title of Po	osition Held		Number & Job Title of Emp	loyees you Supervised					
Describe j	ob responsibilities in orde	ler of importance:							

Starting Date Ending Date		Employer/Company Name and address (city and state are required)								
3	month / day / year	month / day / year								
Paid Work Volunteer Hours per Week			Name & Title o	f Immediate Supervisor	Telephone Number					
Reason fo	r Leaving									
Title of Position Held  Number & Job Title of Employees you Supervised										
Describe job responsibilities in order of importance:										
	Starting Data	Ending Data	Employer/Com	many Nama and address (sity and state	owo woodinad)					
4	Starting Date month / day / year	Ending Date month / day / year	Employer/Com	imployer/Company Name and address (city and state are required)						
Paid Work Volunteer Hours per Week			Name & Title of Immediate Supervisor		Telephone Number					
Reason fo	r Leaving									
Title of Po	osition Held			Number & Job Title of Employees yo	ou Supervised					
Describe j	ob responsibilities in orde	er of importance:								

5	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)							
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Reason fo	r Leaving				<u> </u>					
Title of Po	Title of Position Held  Number & Job Title of Employees you Supervised									
Describe j	ob responsibilities in orde	er of importance:								
6	Starting Date month / day / year	Ending Date month / day / year	Employer/Comp	oany Name and address (city and state	are required)					
Paid Work Volunteer Hours per Week			Name & Title of Immediate Supervisor		Telephone Number					
Reason fo	r Leaving									
Title of Po	osition Held			Number & Job Title of Employees yo	ou Supervised					
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7	Starting Date month / day / year	Ending Date month / day / year Employer/Company Name and address (city and state are required)									
		H W1-	NI P- Tial-	f I		Talankana Namakan					
Paid	Work Volunteer	Hours per Week	Name & Title of Immediate Supervisor Telephone Numbe			Telephone Number					
Reason fo	Reason for Leaving										
Title of Po	Title of Position Held  Number & Job Title of Employees you Supervised										
Describe job responsibilities in order of importance:											
		CONDITIONS	S OF EMPLOY	MENT STATEMENT							
Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give <b>Professional Care Services of West TN, Inc. (PCS)</b> the right to investigate all information given and to secure additional appropriate information if necessary. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to PCS by schools and other education institutions that I have attended.											
I understand that the completion of this application does not assure me of a position with Professional Care Services of West TN, Inc. and does not obligate PCS to me in any way. I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from consideration and/or subject me to dismissal.											
	I understand that this application becomes a part of Professional Care Services of West TN, Inc. records and will not be returned, reused or copied for me once submitted.										
By my si	gnature, I certify, authoriz	ze and acknowledge the abo	ove statements.	Г							
	Signat		I	Date	Soc	ial Security Number					

 $PCS\ does\ not\ discriminate\ in\ its\ hiring\ practices\ on\ the\ basis\ of\ race,\ color,\ sex\ (including\ pregnancy),\ national\ origin,\ creed,\ or\ religion.$