

**APPLICATION FOR EMPLOYMENT  
FAITH SPECIALIZED CARE SERVICES**

(Please Print)

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Any other name you are known by: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Any other contact number: \_\_\_\_\_ SS # \_\_\_\_\_

Street Address: \_\_\_\_\_ How long? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If less than 1 year, previous address:

Street Address: \_\_\_\_\_ How long? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License State & Number: \_\_\_\_\_

Any restrictions on your license: \_\_\_\_\_

Do you have active automobile insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been interviewed for a position here before? \_\_\_\_\_ When \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, where: \_\_\_\_\_

Date available to start working: \_\_\_\_\_ Expected Salary: \_\_\_\_\_

**For office use only:**

Date of interview: \_\_\_\_\_ Date background check sent: \_\_\_\_\_

Date background check received: \_\_\_\_\_ P.C. signature: \_\_\_\_\_

Shift hired for: \_\_\_\_\_ Full or Part time: \_\_\_\_\_ Location: \_\_\_\_\_

Shifts you can work: \_\_\_\_\_

Do you want: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ PRN \_\_\_\_\_

How did you learn about this opening: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

**Are you currently under investigation with DIDD?** \_\_\_\_\_

**Has DIDD ever substantiated an allegation of abuse, neglect, or exploitation against you? If yes,**

describe \_\_\_\_\_

Have you taken the Medication Administration Class? **Yes** or **No**

Number of times Failed? \_\_\_\_\_

Education:

Type of School	Location	Did you graduate?	If degree, what field
Elementary			
High School			
Vocational School			
College			

Other education and/or special skills: \_\_\_\_\_

\_\_\_\_\_

Current Licenses/Certifications  
(Example: CPR, First Aid)

1. \_\_\_\_\_ Exp Date \_\_\_\_\_

2. \_\_\_\_\_ Exp Date \_\_\_\_\_

3. \_\_\_\_\_ Exp Date \_\_\_\_\_

Employment or activity history for the past 5 years must be given: (Former employers may be contacted unless you give us reason we may not contact them)

Employed from:

\_\_\_\_\_ to: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_  
PERSONAL REFERENCES (List 3 personal references we may contact with at least one reference you  
have known for 5 years) PLEASE DO NOT LIST ANY FAMILY MEMBERS OR PREVIOUS  
SUPERVISORS.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

(For staff use only) Reference Checked? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

(For staff use only) Reference Checked? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

(For staff use only) Reference Checked? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faith Specialized Care Services

STATEMENT AUTHORIZING RELEASE OF INFORMATION

Date: \_\_\_\_\_

Name of Agency & Region: \_\_\_\_\_

Full Name of Employee: \_\_\_\_\_

Previously used names (nicknames, maiden name, etc.): \_\_\_\_\_

SS#: \_\_\_\_\_

DL#: \_\_\_\_\_

State of DL: \_\_\_\_\_

I, \_\_\_\_\_, certify and affirm that, to the best of my knowledge and belief, I \_\_\_ have / \_\_\_ have not had or received a finding of a substantiated case of abuse, neglect, mistreatment or exploitation substantiated against me. In order to verify this affirmation, I further release and authorize (Faith Specialized Care Services), the Tennessee Department of Intellectual and Developmental Disabilities and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment or exploitation.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Updated June 2018 (Provider Agreement A.12.(c))

**Provider Staff Protection from Harm Statements—** The Provider shall, within fifteen (15) business days of the effective date of this Agreement, obtain and maintain in a file for review by DIDD or TennCare, a signed statement in the following form for all of the Provider's current employees, subcontractors and volunteers.

FAITH SPECIALIZED CARE SERVICES INC.



*"For we walk by faith, not by sight"*

STATEMENT AUTHORIZING RELEASE OF INFORMATION

Date: \_\_\_\_\_  
Name of Agency & Region: \_\_\_\_\_  
Full Name of Applicant/Employee: \_\_\_\_\_  
Previously used names (nicknames, maiden name, etc.): \_\_\_\_\_

SS#: \_\_\_\_\_  
DL#: \_\_\_\_\_  
State of DL: \_\_\_\_\_

I, \_\_\_\_\_, certify and affirm that, to the best of my knowledge and belief, I \_\_\_ have / \_\_\_ have not had a case of abuse, neglect, mistreatment or exploitation substantiated against me. In order to verify this affirmation, I release and authorize \_\_\_\_\_ (Provider Agency) and the Tennessee Department of Intellectual and Developmental Disabilities (DIDD) to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity or agency, whether governmental or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate. This authorization extends to providing any applicable information in personnel or investigative reports concerning my employment with this employer to my future employers who may be providers of services under contract with DIDD.

Signature of Applicant/Employee: \_\_\_\_\_  
Date: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: \_\_\_\_\_

**FAITH SPECIALIZED CARE SERVICES INC.**



*"For we walk by faith, not by sight"*

**Provider Personnel:**

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 FAITH SPECIALIZED CARE SERVICES INC, the Tennessee Department of Intellectual and Developmental Disabilities and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigations records, from any party, person, business, entity or agency, whether governmental or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate. This authorization extends to providing any applicable information in personnel or investigative reports concerning my employment with his employer to my future employers who may be Providers of DIDD services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**BLUE LINE INVESTIGATIONS**

6025 Stage Road, Suite 42-146  
Bartlett, Tennessee 38134  
Phone: 901-266-7100 Fax: 901-266-7121  
Web: BlueLineInvestigations.net  
"Investigating Their Past to Secure Your Future"

**Consumer Report Order Form**

**Submission Methods:**  
Fax: 901-266-7121  
Upload: <https://www.blue-lineinvestigations.net/upload.aspx>

**Company Name:** FAITH SPECIALIZED CARE SERVICES, INC. Enter Company Name

**SECTION A: Consumer/Applicant/Employee Information**

*PLEASE PRINT AND WRITE LEGIBLY WITH BLACK INK ONLY*

**Name & Variations:**

Name: \_\_\_\_\_  
List other maiden names/nicknames used within search scope checked below

Name Variation: \_\_\_\_\_

Name Variation: \_\_\_\_\_

Name Variation: \_\_\_\_\_

**Required Search Identifiers:**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Drivers License#: \_\_\_\_\_ State: \_\_\_\_\_

Exact Name As Shown On Drivers License: \_\_\_\_\_

Current Address \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_ year To: \_\_\_\_ year

Previous Address \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_ year To: \_\_\_\_ year

Previous Address \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_ year To: \_\_\_\_ year

Previous Address \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_ year To: \_\_\_\_ year

**SECTION B: To Be Completed By Requestor/End User**

*Please indicate which services you want by putting "x" in the appropriate box. Unless otherwise notified, Blue Line Investigations will order the following services based on the information supplied in section A.*

**Please Check Search Scope:** \_\_\_\_\_ 10 Year Search History  7 Year Search History

- County Criminal Background - Felony/Misdemeanor
- Federal Criminal - U.S. District Court(s)
- Workman's Compensation: State Abbreviation

- Criminal Database Search Options**
- Nationwide
  - Single State: State Abbreviation

- Sex Offender Registry Search Options**
- Nationwide
  - Single State: State Abbreviation

- Drug Testing Options**
- Urine Instant - (Choose Panel) 5 6 9 10
  - Urine Lab - (Choose Panel) 5 6 9 10

- Social Security Number Verification
- Credit Report
- Motor Vehicle Report (MVR)
- Global Watch (OFAC)
- Healthcare Providers Report (OIG)
- State Repository
- Employment Verification
- Education Verification

Visit our website [blue-lineinvestigations.net](http://blue-lineinvestigations.net) for definitions and details of each search, you can also find a complete list of our pre-employment screening services.

**Thank**  
*for choosing*   
Blue Line Investigations



## **BLUE LINE INVESTIGATIONS**

6025 Stage Road, Suite 42-146  
Bartlett, Tennessee 38134  
Phone: 901-266-7100 Fax: 901-266-7121  
Web: BlueLineInvestigations.net  
"Investigating Their Past to Secure Your Future"

## **Disclosure & Authorization**

### **Disclosure Regarding Consumer and/or Investigative Report**

The **employer/company**, **FAITH SPECIALIZED CARE SERVICES, INC.**, (henceforth known as "employer") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report and/or investigative report". Such consumer report may include information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The scope of the consumer/investigative report may include but is not limited to, the following areas: criminal history records, sex offender's list, abuse registry, wants and warrants records, motor vehicle records, educational/employment verification, license verification, credit history, social security verification, civil cases, worker's compensation claims, OIG/GSA, OFAC/patriots act, any sanction list, FBI fingerprinting and drug testing. The employer, may obtain consumer reports and investigative reports now and throughout the course of your employment. You have the right upon written request to receive a copy of your consumer report(s). If an "investigative report" has been obtained, you also have the right to a description of the nature and scope of the investigation.

### **Acknowledgment and Authorization for Background Check**

By signing below, I acknowledge receipt of the "Disclosure Regarding Consumer and/or Investigative Report". I also certify that I have received a copy of "A Summary of Your Rights under the Fair Credit Reporting Act".

I understand by signing below, that I am authorizing Blue Line Investigations, 6025 Stage Road, Bartlett TN 38134 (901) 266-7100, www.bluelineinvestigations.net and/or its Agents to obtain any and all consumer reports as listed in the above "Disclosure". Said consumer reports shall be made for the purpose of employment, promotion, reassignment or retention as an employee. I authorize any law enforcement agency, administrator, local, state or federal agency, institution, school or university, information service bureau or employer to furnish any and all background information requested by Blue Line Investigations. I hereby agree that a telephonic facsimile (fax) or photographic copy of this document shall be valid as an original.

California, Minnesota and Oklahoma Applicants: please mark this box to have a copy of your consumer report mailed to you.

**PLEASE PRINT AND WRITE LEGIBLY WITH BLACK INK ONLY**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

*This form is not meant to provide legal advice of any kind; legal advice should be sought from your legal counsel.  
Blue Line Investigations does not guarantee the legal appropriateness of this document.*

***Consent for Pre-Employment Reference and Background Checks***

I recognize that any offer of employment to me by Faith Specialized Care Services Inc. is conditional upon my successfully passing reference and background screenings. I understand that Faith Specialized Care Services Inc., shall conduct Pre-Employment Reference and Background Checks thoroughly and within the confines of all applicable state and federal laws.

In consideration of Faith Specialized Care Services Inc., review of my application for employment, I hereby release any individual, entity, and Faith Specialized Care Services Inc., from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

I hereby voluntarily consent to and authorize Faith specialized Care Services Inc., or its authorized representative bearing this release or copy thereof, in connection with my application for employment with Faith Specialized Care Services Inc., to obtain a consumer report (no credit check will be performed) for employment purposes including:

- Criminal History
- Department of Motor Vehicle History
- Certification and Licensing
- Educational Credentials
- Employment Eligibility (Social Security Number Check)
- Employment Checks
- Reference Checks

I authorize all persons who may have information relevant to this research to disclose such information to Faith Specialized Care Services Inc., or its agents, and I hereby release all persons from liability on account of true and accurate disclosure. I hereby further authorize that a photocopy of this authorization be considered as valid as the original. Should there be any questions as to the validity of this release, you may contact me as indicated below.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (First, Middle, Last, Maiden)

\_\_\_\_\_  
License Number, State

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address (Street, City, State, Zip)

If any additional information relative to change of name or use of an assumed name or nickname is necessary to enable a check on your background, please explain below.

\_\_\_\_\_

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 shall be grounds for dismissal.

I authorize investigation of all statements contained herein for the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have to help me obtain employment with your company. I authorize the company or its agents to investigate all statements contained in this application and/or resume. I further understand that a background check will be made including, but not limited to, consumer credit history, criminal history, driving record, employment, military, education and general public records which will provide information concerning my character and general reputation. I hereby authorize my former employers, educational institutions or other reference providers to furnish all information pertaining to my work or educational record. I release my former employers, educational institutions, supervisors, and references from all liability on account of furnishing information to this company or its agents.

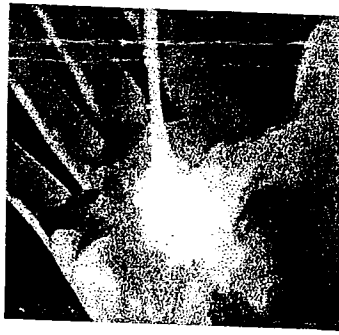
I hereby agree to arbitrate all disputes regarding my application for employment and any employment related matters rather than resolving them in court or other forum. I understand that the Company may now have, or may establish, a drug-free workplace or a post-accident drug-testing program. If it has one now and I am offered a conditional offer of employment I agree to work under the conditions requiring a drug-free workplace. I also understand that all employees of the location may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If detected, the offer of employment may be withdrawn. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo random, fitness for duty, return to work and reasonable suspicion alcohol and drug testing except where prohibited by law. Refusal to take such tests when asked may result in termination.

This application is current for only sixty (60) days. At the conclusion of this time, if you have not heard from the Company and still wish to be considered for employment, it will be necessary for you to complete a new application.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by the Executive Director.”

IT IS OUR POLICY TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT BASED ON RACE, AGE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, OR OTHER PROTECTED CLASSIFICATIONS.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



*"For we walk by faith, not by sight"*

I, \_\_\_\_\_, hereby give my  
(Applicant's Name)

Permission to **Faith Specialized Care Services, Inc.** to verify my past employment history with my former employers. I also give my permission for my former employers to release all information necessary regarding my past employment history. I also give permission for those listed as personal references to release any information they deem pertinent to Faith Specialized Care Services.

\_\_\_\_\_  
Applicant's Signature                      Date                      Applicant's Social Security #

Applicant Data                      Company: \_\_\_\_\_

Was employed by company     Yes     No    Position \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Eligible for rehire:  Yes    No:

Comments: \_\_\_\_\_  
\_\_\_\_\_

Company's Representative: \_\_\_\_\_