

EMPLOYMENT APPLICATION

Position Applied For: _____	Date of Application: _____
Shifts Available to Work: <input type="checkbox"/> Any <input type="checkbox"/> Week Days <input type="checkbox"/> Week Nights <input type="checkbox"/> Weekend Days <input type="checkbox"/> Weekend Nights	
Date Available for Work: _____	Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip

Daytime Telephone # () _____ Other Contact # () _____

Have you ever been employed by GCS, Inc.? Yes No

Are you legally eligible for employment in the United States? Yes No

Do you have a valid TN Drivers License? Yes No

Driver's License Number: _____ State: _____

Have you been convicted of ANY crime in the last seven (7) years? Yes No

If yes, please explain: _____

Applicants must be 18 years of age or older. Do you meet this requirement? Yes No

How many days of work have you missed in the last twelve (12) month period? _____

EMPLOYMENT HISTORY: Please provide information on your past three (3) employers starting with the most recent.
(A five (5) years employment history is required).

From:	Employer:	Telephone #
To:		()
Job Title:	Address:	City State Zip
Immediate Supervisor:	Summary of Job Responsibilities:	
Reason for Leaving:		
	Hourly Rate Beginning: \$	Per Final Rate \$ Per

From:	Employer:	Telephone #
To:		()
Job Title:	Address:	City State Zip
Immediate Supervisor:	Summary of Job Responsibilities:	
Reason for Leaving:		
	Hourly Rate Beginning: \$	Per Final Rate \$ Per

Applicant Referred By GCS Employee? If yes, who: _____

From:	Employer:	Telephone #		
To:		()		
Job Title:	Address:	City	State	Zip
Immediate Supervisor:	Summary of Job Responsibilities:			
Reason for Leaving:				
	Hourly Rate		Final Rate \$	
	Beginning: \$	Per		Per

From:	Employer:	Telephone #		
To:		()		
Job Title:	Address:	City	State	Zip
Immediate Supervisor:	Summary of Job Responsibilities:			
Reason for Leaving:				
	Hourly Rate		Final Rate \$	
	Beginning: \$	Per		Per

EDUCATIONAL BACKGROUND

High School	Years Completed	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

RELATIVES CANNOT BE USED AS REFERENCES

Reference Name	Telephone #	Years Known

CARDIOPULMONARY RESUSCITATION STATEMENT

Staff who provide direct support services to individuals served at GCS, Inc. must be trained and certified to administer CPR. Any staff member who refuses to initiate and sustain CPR without good cause shall be subject to disciplinary action up to and including termination of employment. **Applicants seeking employment with this agency must sign acknowledgement of this requirement for employment as above stated.**

Applicant Signature (Required) _____

PROTECTION FROM HARM AND BACKGROUND RELEASE STATEMENT

I, the undersigned applicant certify and affirm to the best of my knowledge and belief that 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 must release and authorize GCS, Inc. and the TN 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, business or agency as it applies to any allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate.

Applicant Signature (Required) _____

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to a urinalysis drug screening and/or other tests as shall be determined by GCS, Inc. in the selection process of applicants for employment for the purpose of determining the drug content thereof.

I agree that GCS, Inc. or an authorized employee of GCS, Inc. (for on-site testing) may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said test to the GCS, Inc. I understand that it is the current illegal use of drugs and/or alcohol that prohibits me from being employed at GCS, Inc.

I further agree to hold harmless GCS, Inc. and its agents from any liability arising in whole or part out of the collection of specimens, testing and the use of the information from said testing in connection with GCS, Inc. consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the forgoing and fully understand its contents. I acknowledge that my signing of this consent/release statement is voluntary on my part and that I have not been coerced into signing this statement by anyone.

Applicant Printed Name: _____ SS# _____

Applicant Signature: _____ Date _____

GCS, Inc. Applicant Agreement

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, Department of Motor Vehicle and state and national criminal background references informants contained in this application. I hereby release from liability GCS, Inc. and its representatives for seeking, gathering and using such information and all persons, corporations or organizations for furnishing such information.

GCS, Inc. does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. GCS, Inc. complies with all applicable *Title 33* regulations. This application is current for 90 days. At the conclusion of this time if I have not heard from GCS, Inc. and still wish to be considered for employment it will be necessary to complete a new application.

AT-WILL EMPLOYER: if I am hired, I understand that I am free to resign at any time with or without cause and without prior notice. GCS, Inc. reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the policy of GCS, Inc. not to refuse to hire qualified applicants with a disability because of that applicants need for reasonable accommodation as required by the *Americans With Disability Act*.

I also understand that if I am hired I will be required to provide proof and legal work authorization.

I represent and warrant that I have read and fully understand the above information and seek employment under these conditions.

Signature of Applicant _____ Date _____

IMPORTANT NOTICE: Applications that are not signed will not be eligible for consideration.