

# DEVELOPMENTAL SERVICES OF DICKSON COUNTY

115 Luther Road, Dickson, TN 37055

Phone: (615) 446-3111 Fax: (615) 446-1846

## APPLICATION FOR EMPLOYMENT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Date of application:

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Phone

number:

Alternate

phone number:

Email

address:

Are you a US citizen?

Yes

No

Have you had a valid driver's license for three (3) or more years?

Yes

No

Driver's license  
number:

State:

Expiration

date:

Do you have any endorsements or restrictions on your license?

Yes

No

If yes, please list:

Have you had any accidents or moving violations, regardless of fault, within the last three (3) years?

Yes  No

If yes, please list all (motor vehicle check will be reviewed):

Have you been employed here before?

Yes  No

If yes, when and what position did you hold?

Do you have any relatives who are employed by this organization?

Yes  No

If yes, please list name(s) and relationship(s):

Have you ever been convicted of a crime?

Yes  No

If yes, please describe:

Note: Conviction of a crime, if not job related, does not necessarily bar you from employment

Has your name ever been placed on an abuse registry?

Yes  No

If yes, please describe:

## Educational background

Do you have a high school diploma or GED certificate?

Yes  No

Name and address of high school, if graduate:

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Any additional formal education or certification?

Yes  No

If yes, please provide the following information:

Name of school:	
Location of school:	
Course of study:	
Degree or certification:	

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# Employment Record

List most recent employment first, include at least five (5) years.

Company name:		Name of supervisor:	
Address:		Telephone number:	
Employed from (date):		Employed to (date):	
Beginning salary:		Ending salary:	
Job title and duties:			
Reason for leaving:			

Company name:		Name of supervisor:	
Address:		Telephone number:	
Employed from (date):		Employed to (date):	
Beginning salary:		Ending salary:	
Job title and duties:			
Reason for leaving:			

Company name:		Name of supervisor:	
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Company name:		Name of supervisor:	
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Employed from (date):		Employed to (date):	
Beginning salary:		Ending salary:	
Job title and duties:			
Reason for leaving:			

We will contact the employers you have listed, unless you indicate otherwise.

Do not contact

Reason:

## References

Do not include relatives but include at least one reference you have known for five or more years

Name:	<input type="text"/>	Telephone:	<input type="text"/>
How do you know this person?	<input type="text"/>	How long?	<input type="text"/>

Name:	<input type="text"/>	Telephone:	<input type="text"/>
How do you know this person?	<input type="text"/>	How long?	<input type="text"/>

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Name:	<input type="text"/>	Telephone:	<input type="text"/>
How do you know this person?	<input type="text"/>	How long?	<input type="text"/>

## Type of employment desired

Check all that you are interested in:

Full time    Part time    Days    Evenings    Nights    Weekends

Are you willing to sleep over?    Yes    No

Are you willing to work overtime and on holidays if requested?    Yes    No

Date you will be available for work:

Minimum salary:

**Please answer the following questions**

Please tell us why you are interested in working with people with disabilities:

A large, empty rectangular box with a dotted border, intended for the respondent to write their answer to the question above.

Developmental Services operates within a team concept. Please describe what it means to you to be a “team player”:

Our staff acts as an advocate or supporter for the people Developmental Services supports. Explain some ways you think you could be an advocate for a person you support:



How did you hear about our employment opportunities?

The Herald     The Shopper     Walk In     Other     Employee

**We are an equal opportunity employer**

We consider applications for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

**Applicant's statement**

I certify that the information I have provided is true, complete, and correct.

I understand that I will be required to undergo a pre-employment drug screening.

I give the Employer the right to investigate all references and to secure necessary additional information that is job related.

I understand this application will be active for a period of six (6) months; if I wish to be considered for employment after that time, I must submit a new application.

I understand that Tennessee is an Employment-At-Will state and I am free to resign at any time with or without cause, and the employer reserves the same right to terminate my employment at any time, except as may be required by law. I also understand that this application does not constitute an agreement or contract for employment.

**Do not sign until you have read the above application statement**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Applicant    (please type your name in this field)

Date

