



**Employment Application**  
**ORANGE GROVE CENTER**

615 Derby Street  
Chattanooga, TN 37404-1632

**This application will remain active for 3 months from the date you apply.**

Please complete the entire application in black or blue ink.

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First M.I.

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Post Office Box City County State Zip Code

**AVAILABILITY**

Have you ever been employed by Orange Grove Center? No If yes, what name? \_\_\_\_\_ Dates: \_\_\_\_\_

Positions applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Category Preferred:  Full-time  Part-time  Temporary Minimum Pay You Are Seeking: \$ \_\_\_\_\_

Circle **ALL** hours you are available:

1<sup>st</sup> shift: 8a-4p 2<sup>nd</sup> shift: 2p-12 midnight 3rd shift: 12 midnight-8a Weekends Only Other: \_\_\_\_\_

How did you hear about us?

Employee  Advertisement  Employment Agency  Walk-in  Job Fair  Internet

**JOB-RELATED SKILLS**

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

Yes  No Do you have a valid driver's license? Name as it appears on license \_\_\_\_\_

DL# \_\_\_\_\_ Class \_\_\_\_\_ Endorse \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Yes  No Have you had any moving traffic violations? Please list. \_\_\_\_\_

Yes  No Have you ever been bonded? When? \_\_\_\_\_ For what position? \_\_\_\_\_

Yes  No Has bond ever been refused? If yes, please explain \_\_\_\_\_

Yes  No Have you ever been licensed or practiced professionally under a different name? \_\_\_\_\_

Yes  No Have you ever had a nursing license, or other professional license, in any jurisdiction limited, suspended, revoked or relinquished?

Yes  No Have you ever been sanctioned for misconduct by a professional or trade organization or agency?

Yes  No Have you ever had any malpractice claims, suits, settlements or arbitration proceedings involving your professional practice?

**PROFESSIONAL CERTIFICATION**

List registration, certification, or license you hold or have held

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_

**EDUCATION HISTORY**

Circle highest grade completed in each category: **High School:** 7 8 9 10 11 12 GED **College:** 1 2 3 4 **Grad School:** 1 2 3 4 5 6

BS degree in \_\_\_\_\_ BA degree in \_\_\_\_\_ Masters degree in \_\_\_\_\_

Name	City and State
High School _____	_____
College _____	_____

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**ORANGE GROVE CENTER** is an EQUAL OPPORTUNITY EMPLOYER Federal and state laws, and our own company policy, prohibit discrimination in employment on the basis of age, sex, race, national origin, religion, or disability. Persons denied employment based on above conditions may file a complaint with our firm and/or with state or federal authorities.

**EMPLOYMENT HISTORY**

**YOU ARE REQUIRED TO COMPLETE THIS ENTIRE SECTION, EVEN IF YOU SUBMIT A RESUME.** We will make every effort to contact previous employers; the correct telephone numbers of previous employers are critical.

**1. Current or Most Recent Employer** Telephone Number \_\_\_\_\_  
 (Required for a complete application)

\_\_\_\_\_  
 Company Address City State Zip

From \_\_\_\_\_ To \_\_\_\_\_  
 Dates Employed Your Job Title Supervisor's Name

\_\_\_\_\_  
 Your Duties and Responsibilities

\_\_\_\_\_  
 Salary Per Hour, Week, Month, Year Reason for Leaving

**2. Previous Employer** Telephone Number \_\_\_\_\_  
 (Required for a complete application)

\_\_\_\_\_  
 Company Address City State Zip

From \_\_\_\_\_ To \_\_\_\_\_  
 Dates Employed Your Job Title Supervisor's Name

\_\_\_\_\_  
 Your Duties and Responsibilities

\_\_\_\_\_  
 Salary Per Hour, Week, Month, Year Reason for Leaving

**3. Previous Employer** Telephone Number \_\_\_\_\_  
 (Required for a complete application)

\_\_\_\_\_  
 Company Address City State Zip

From \_\_\_\_\_ To \_\_\_\_\_  
 Dates Employed Your Job Title Supervisor's Name

\_\_\_\_\_  
 Your Duties and Responsibilities

\_\_\_\_\_  
 Salary Per Hour, Week, Month, Year Reason for Leaving

**If more than three (3) previous employers, list:**

Company	Telephone Number	Employment Dates		Position/Job Title	Pay/Salary	Reason for Leaving
		From	To			
_____ City/State	( ) -					
_____ City/State	( ) -					
_____ City/State	( ) -					

U.S. Military \_\_\_ No Yes, which branch?: \_\_\_\_\_ Vietnam Era Veteran (180 days active service 8/5/64 to 5/7/75) \_\_\_ Disabled Veteran

**APPLICANT WAIVER**

I am applying for employment / licensing / education / adoption with the following agency/entity: **Orange Grove Center**.

By signing this waiver, I am agreeing to the release of any and all of my criminal history, including any juvenile history that may be in the TBI and FBI criminal databases, to the aforementioned entity/agency.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date



**Orange Grove Center, Inc.**  
615 Derby Street  
Chattanooga, TN 37404

**Pre-Employment Drug Testing Consent and Release Form**

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

I agree that Physicians Care or Parkridge Occupational Health 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 tests to Orange Grove Center, Inc.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that would prohibit me from being employed at Orange Grove Center, Inc.

I further agree to hold harmless Orange Grove Center, Inc., and its agents (including the above named physician or clinic) from any liability arising in whole or in part out of the collection of specimens, testing, and use of the information from said testing in connection with Orange Grove Center's 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 foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**Applicant:**  
**Print Name** \_\_\_\_\_ **S.S. #** \_\_\_\_\_

**Applicant:**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**ORANGE GROVE CENTER**

615 Derby Street  
Chattanooga, TN 37404  
(423) 629-1451 (phone) / (423) 493-2923 (fax)

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information or deliberate omission of a material fact in my application is grounds for refusal to hire, or if hired, dismissal.

It is my understanding that Orange Grove Center, Inc. may make a thorough investigation of my entire work and personal history (including police records) and may verify all data given in my application for employment, related papers, or oral interview. I hereby consent to the Chattanooga Police Department, East Ridge Police Department, Red Bank Police Department, Soddy Daisy Police Department, Signal Mountain Police Department, Lookout Mountain Police Department, the Hamilton County Sheriffs Department, or any other jurisdiction of any and all arrest and/or convictions or other police records to release information about me to the Human Resources Department or other agents of Orange Grove Center for use only in connection with my application for employment with said organization.

I hereby release the cities of Chattanooga, East Ridge, Red Bank, Soddy Daisy, Signal Mountain, Lookout Mountain, and the County of Hamilton, as well as Orange Grove Center and their officers, agents, employees, successors, and assigns from any and all claims, actions, or suits, for damages or injuries of whatever nature which may result from release of my police records upon this consent. I specifically authorize any of the persons or organizations referenced in this application to give you any and all information they might have, personal or otherwise, with regard to any subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

I also understand that (1) Orange Grove Center has a Drug and Alcohol Policy that provides for pre-employment testing, as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based upon the successful passing of testing under such Policy.

I understand that the samples of bodily fluids (blood, urine) that may be requested during the course of the pre-employment process may be tested for a number of physical conditions, including, but not limited to use of drugs and alcohol. I agree to allow this testing.

I further understand that in accordance with Tennessee legislation two (2) original sets of my fingerprints are required because I will have direct contact with or responsibility for people with developmental disabilities. I agree to allow the fingerprinting.

I understand that a *Motor Vehicle Record* is required for most positions at Orange Grove Center. Because I may be hired or later transfer to a position that requires driving, I agree to provide a current, valid *Motor Vehicle Record* as part of the employment process. I understand that if I do not drive this is not required for me at this time. It will become applicable for any position I take that requires driving.

I understand that this is an application for employment and that no employment contract is being offered or implied. In addition, if I am employed, it is also understood that Orange Grove Center, at its sole option and without prior notice, can change wages, benefits, rules, regulations and the conditions of my employment at any time and the employment with this organization may be terminated any time by either employer or employee.

I understand that this application will remain active for 60 days from the date it was made. On the 61st day, the application will be placed in the inactive file and will be kept for 1 year. At any time during that 1-year period, I can update the same application.

\*LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

\*GENDER:  MALE  FEMALE

\*DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*RACE OR NATIONALITY \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

AN EQUAL OPPORTUNITY EMPLOYER. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or disability.

**EMPLOYMENT APPLICANT RELEASE AND CONSENT**

The purpose of this release is to allow ORANGE GROVE CENTER (hereafter referred to as "Company"), **Application Researchers Company** or their assigns, to obtain pre-employment information which may include any lawful investigation of my education background and criminal, driving, credit and employment histories, while maintaining compliance with all governmental laws.

I am aware I have the right to make a written request of Application Researchers Company, Post Office Box 11, Chattanooga, Tennessee 37401-0011, (423) 265-6035, to obtain additional information regarding the nature and scope of the background check.

If the Company considers the background check results unfavorable, I agree that the Company may deny me the assignment or discharge me from employment. I release the Company, its officers, agents and employees from all liability resulting from the collection, use, or disclosure of the information obtained during the above investigation.

I certify that the information contained within the employment application is complete and true. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

I am willingly providing the following information necessary for the above investigation and understand that this information is being used for verification purposes only.

**PLEASE PRINT**

APPLICANT'S NAME – FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

LIST ANY OTHER NAMES USED (nicknames, maiden/married last name): 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE: STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

**IN CHRONOLOGICAL ORDER, LIST ALL CITIES/STATES IN WHICH YOU HAVE RESIDED IN THE LAST FIVE YEARS:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

PLEASE USE ADDITIONAL SPACE AT THE BOTTOM OF PAGE IF NEEDED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE SIGNED

\*COMPANY REPRESENTATIVE/CONTACT/WITNESS: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**SERVICE REQUESTED:**

- |  |   |   |
|--|---|---|
| <b>PHASE I</b>                         | <input type="checkbox"/> PHASE II                                 | <input type="checkbox"/> PHASE III          |
| <input type="checkbox"/> City:         | <input type="checkbox"/> Credit Report                            | <input type="checkbox"/> Job Specifications |
| <input type="checkbox"/> County/State: | <input type="checkbox"/> Educational Background # _____           | <input type="checkbox"/> Drug Screen _____  |
| _____                                  | <input type="checkbox"/> Employment History - # _____             | <input type="checkbox"/> Physical Exam      |
| _____                                  | <input type="checkbox"/> Licensure                                | <input type="checkbox"/> Other: _____       |
| _____                                  | <input type="checkbox"/> Military Record - copy of DD214 attached | <input type="checkbox"/> Other: _____       |
| _____                                  | <input type="checkbox"/> Motor Vehicle Report – DL/State: _____   |   |
|  | <input type="checkbox"/> Personal References - # _____            |   |
|  | <input type="checkbox"/> Social Security Number Scan              |   |

Civil  
 Criminal      Standard 1 \_\_\_\_\_      Standard 2 \_\_\_\_\_      Standard 3 \_\_\_\_\_      Standard 4 \_\_\_\_\_



**ORANGE GROVE CENTER**

615 Derby Street  
Chattanooga, TN 37404

**Phone** (423) 629-1451

**Fax** (423) 493-2923

Attention Applicant:

Please watch the Direct Support Professional's realistic job preview. This preview will provide you with a better understanding of what we do at Orange Grove Center.

The TV is located outside of the Human Resources Department. If the video is not playing, simply press **Play** on the TV or ask a Human Resources Representative for assistance.

Please sign below indicating whether or not you have watched the video.

\_\_\_\_ Yes, I watched the video.

\_\_\_\_ No, I did not watch the video.

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Applicant Signature

**REFERENCES:** This section **MUST** be completed. **Do not include relatives or previous employers.** Include only individuals familiar with your work ability and character.

Name	Address	Phone Number (required)	Years	Relationship
1.				
2.				
3.				

<b>SECURITY</b>
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In chronological order, list **ALL** cities and states in which you have lived during the past 10 years: 1. \_\_\_\_\_  
 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

List any names or social security numbers you have used: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

- Yes  No Have you been convicted of or served time for a felony? List below.
- Yes  No Have you been convicted of any violations for which you paid a fine of more than \$100.00? List below.
- Yes  No Have you been charged with child abuse?
- Yes  No Has a child in your custody or control ever been declared dependent or neglected? If yes to any of the above, please list below.
- Yes  No Are you currently engaging in the illegal use, sale or solicitation of drugs? If yes, explain \_\_\_\_\_

(In accordance with Orange Grove Center, Inc. policy a conviction will not necessarily disqualify you from the job for which you are applying. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness.)

Incident & Date	City & State	Charge
1.		
2.		
3.		

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

<b>CERTIFICATION AND RELEASE</b>
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I hereby certify that I have read this application and the answers given by me to the questions and statements are complete and true. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Orange Grove Center, Inc., and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said employers, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief;  I have  I 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 Orange Grove Center, 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 allegations against me of abuse, neglect or mistreatment and to consider this information as may be deemed appropriate.

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date**

**STOP HERE; DO NOT COMPLETE THE NEXT PAGE!**

**For Human Resources Department Use Only**

Date registered application in computer \_\_\_\_\_

Date Referred	Supervisor	Department #	Requisition #	Referral Entered	Results	Results Entered

Supervisor ordered background \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Consider for: \_\_\_\_\_

At \_\_\_\_\_ Requisition # \_\_\_\_\_ Pay: \_\_\_\_\_ Hours: \_\_\_\_\_

ITEM	Date Requested	Initials	Date Received	Service Provided By	Results
<b>STEP #1 BACKGROUND CHECK</b>					
1. Tennessee Abuse Register _____					
2. Tennessee Sexual Offender Register _____					
3. Felony Offender Register _____					
4. Background Check-Civil/Criminal _____					
5. Background Check-Employment _____					
6. Personal References Check _____					
7. Motor Vehicle Report (MVR) _____				__Needed __Not Needed	
8. Credit Report _____					
9. Notified Supervisor of Results _____					
A. HS Diploma/Transcript/GED _____					
B. Driver's License _____					
C. Social Security Card or Birth Certificate _____					

**FOR DRIVERS ONLY:**

10. Check Sheet for Drivers _____					
11. Pre-Employment Urinalysis _____					
12. Request/Consent From Past Employer _____					

STEP #2 POST JOB OFFER	Date Scheduled				
1. Drug Screen _____					
2. Placement Physical _____					
3. TB Skin Test _____					
4. Medical Release Authorization _____					

**STEP #3 SCHEDULE TRAINING**

1. Orientation Dates: Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_

Day 4 \_\_\_\_\_ Day 5 \_\_\_\_\_ Day 6 \_\_\_\_\_ Day 7 \_\_\_\_\_

2. Gave employee packet, date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Medication Administration Course Date: \_\_\_\_\_

**STEP #4 REGISTER IN COMPUTER**

1. Personnel Transaction HR 100 \_\_\_\_\_ 2. Copy of Employee Requisition \_\_\_\_\_ 3. Entered in Computer \_\_\_\_\_

Date	Update (Name, Address, Phone)	HR
1. _____		
2. _____		
3. _____		

Date	Purpose	HR
1. _____		
2. _____		
3. _____		

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_