



## EMPLOYMENT HISTORY

**YOU MUST COMPLETE THE ENTIRE SECTION, EVEN IF YOU SUBMIT A RESUME.** We must make every effort to contact previous employers, for whom you have worked 6 months or more. List ALL employers for the last 10 years.

**1. Current or Most Recent Employer**

Telephone Number \_\_\_\_\_ Required for a complete application

Company \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Dates Employed

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

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 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Dates Employed

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

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 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Dates Employed

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

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			
1. _____ City & State: _____						
2. _____ City & State: _____						
3. _____ City & State: _____						

List previous experience with persons with developmental disabilities: \_\_\_\_\_



## Welcome to the Orange Grove Center, Inc.

Orange Grove Center thanks you for your interest in applying for a job with our company.

- **The Orange Grove Center, Inc.**, is a community day program serving the needs of the developmentally disabled throughout the Chattanooga area and beyond. The Center was established in 1953 in a grassroots movement by parents seeking services for their special needs children. From this small group of 30 children, the number of persons serviced by Orange Grove each day has grown to over 800 children and adults.
- The Center's operating philosophy allows each individual to search for and achieve his or her greatest potential. At OGC, the needs of the individual dictate the programs developed to achieve these goals. For this reason, employees are an invaluable asset to The Center.
- The Human Resources Department is committed to attracting and retaining sincere, dedicated, and qualified employees. We assure each individual fair treatment and equal opportunity.
- We operate a drug-free work environment. Drugs and alcohol are not to be brought into company buildings or used on company property. Thank you for complying with our high standards.

We offer referring employees a \$400.00 recruitment bonus if they recommend someone new for employment who is actually hired and completes the Hiring Process, which includes the completion of Orientation; and an additional \$400.00 should the recommended candidate complete 90 days of service. (Total of three months), and an additional \$200.00 if the employee completes 180 days of service (total of six months). **Effective 10/14/19.**

- All direct support new hires (non-past employees) who successfully completes the hiring process with no tardiness, leaving shift early or call outs are eligible to receive a \$400.00 bonus, and if he/she completes 180 days of service with no more than 3 days with tardiness, leaving shift early, or call-outs an additional \$400.00 and completes (1) year of service with no more than a total of 3 days with tardiness, leaving shift early, or call-outs, and additional \$200.00 for a Perfect Attendance Retention Bonus. **Effective 10/14/19 (Direct Support New Hires)**
- ***Please read the following instructions before completing your application:***
  - Use only a black or blue ink pen to fill out the application
  - Read each section carefully and answer every question, even when submitting a resume.
  - You may apply for up to two (2) different positions for which you feel qualified.

Your employment application is not complete unless you return the **Application for Employment** and **ALL inserts.**

Please accept this as the official notification of the documents that you are **REQUIRED** to provide to the Human Resources Department **BEFORE** starting to work.

1. Proof of completion of high school, a GED, or college transcript, (required for some positions)
2. Documents that establish identity and employment eligibility. For example: Copy of driver's license or State issued ID **and** Social Security Card or Birth Certificate - Employment Eligibility Verification (I-9)

3. Motor Vehicle Record (MVR) – (for positions that require driving a company vehicle)

To expedite the employment process, it is recommended that you secure these documents and have them available should you be called for an interview.

We are **REQUIRED** to contact two (2) Personal References on your behalf. Each reference must have known you for a minimum of five years and cannot be relatives or former employers. Please provide a complete address, including zip code, as well as a daytime telephone number for each of them.

- Shortly after submitting the employment application, notification by email will be initiated by the OGC Human Resource Department. You will be informed of our interest in you as an employment candidate for open positions. If you are selected as an employment candidate (Phase 2), an interview will be scheduled. If the interview indicates you remain a viable candidate, you may move forward in the process which includes:

Reference and Background checks

Finger Printing – (See the attached Request for an Exemption if you have a felony or misdemeanor conviction)

TB Testing

Drug Screening

Medical Screening (physical)

If you are extended an offer of employment with the agency, said offer will be contingent upon a satisfactory background check.

If the background check results received are deemed unsatisfactory, you will be notified in writing. Once you have received written notification, you have the right to appeal. The appeal process is only available for candidates who were denied employment due to an unsatisfactory criminal background report.

The following convictions may result in the agency rescinding any job offer made:

- (1) Any felony or;
- (2) A misdemeanor involving physical harm to a person including but not limited to neglect or abuse or a misdemeanor involving financial harm/exploitation to a person including but not limited to theft, misappropriation of funds, fraud or breach of fiduciary duty; or
- (3) a misdemeanor involving illicit drugs, drug/alcohol misuse or sexual misbehavior (e.g. indecent exposure, voyeurism) within ten years prior to employment with OGC; unless the misdemeanor conviction is a first and only occurrence of a DUI (DUI 1), public intoxication, or simple possession of marijuana, then it shall not have occurred during a period of less than one (1) year prior to employment

Any and all employment offers would be contingent upon successful completion of the entire OGC employment process. Assuming you are offered employment, paid training must be successfully completed prior to starting your job.

The entire process from application submittal to job offer may take from 11 to 30 days depending upon your level of cooperation.

## Reimbursement for Pre-Employment Testing

Price Revision: 03/01/2017

Orange Grove Center requires all applicants to whom a job offer is made to submit to the following pre-employment tests: finger printing, TB skin testing, drug screening, and medical screening (physical).

Each of these tests are done at no cost to the applicant. Orange Grove Centers incurs the full cost. Prices are subject to change.

<b>Standard</b>		<b>DOT</b>	
• TB Testing	\$25.00	TB Testing	\$ 25.00
• Drug Screening (Non-DOT)	\$55.00	Drug Screening (DOT)	\$ 85.00
• Medical Screening (physical)	<u>\$70.00</u>	Medical Screening (physical)	\$ 70.00
		○ DIP	<u>\$ 3.00</u>
	<b>\$150.00</b>		<b>\$183.00</b>

All employees hired on or after October 1, 2015 whose employment is terminated during their first six (6) months with the company, and all full-time employees hired on or after October 1, 2015 who elect to transfer to **part-time status** during their first six (6) months with the company, will be responsible for the cost of the pre-employment tests previously incurred by OGC on their behalf. The applicable amount will be deducted from their wages of the payroll check immediately following when notice is received in the HR/Payroll Departments.

The Payroll Office is responsible for the collection of the fees when applicable.

Again, thank you for considering The Orange Grove Center for your career choice!

### CRIMINAL BACKGROUND CHECKS—REQUEST FOR EXEMPTION

Applicants will be provided with information regarding DIDD prohibitions on hiring and employing individuals with a felony or misdemeanor conviction, and informed that they may request an exemption from the DIDD prohibition via the following process:

- The applicant must submit the request for an exemption in writing to the OGC Executive Director, Tera Roberts, [troberts@orangegrove.org](mailto:troberts@orangegrove.org) along with his or her application, or in the case of an employee, within five (5) business days of receiving notice of the background check results from OGC.
- The OGC Executive Director will confer with a committee comprised of the Human Resources Director, a member of the OGC Board of Directors, and others as assigned by the Executive Director and/or Board. The Committee at its discretion may ask for additional information from the applicant or employee.
- If the Committee denies the exemption request, the applicant shall not be hired or the employee shall be terminated.
- If the Committee approves the exemption request, the request will be submitted to The DIDD through the DIDD exemption process. The DIDD has final approval of all exemptions.

**Please keep these three (3) pages for your record**

\$



### Orange Grove Center

615 Derby Street  
Chattanooga, TN 37404  
423-629-1451  
423-493-2923 FAX

## Recommendation for Employment Program

Revised 11/29/2017  
Revised 11/29/2017- Completes Hiring Process and Orientation

Referring Employee - Print Name \_\_\_\_\_ Employee # \_\_\_\_\_ Dept # \_\_\_\_\_

Would like to recommend the following person for employment:

Recommended Candidate - Print Name \_\_\_\_\_

I understand that if my candidate has never worked at Orange Grove Center before, (1) completes the Hiring Process, which includes the completion of Orientation, I will receive \$400.00. (2) Should the Recommended Candidate completes 90 days of service, I will receive an additional \$400.00. (3) Should the Recommended Candidate complete 180 days of service, I will receive an additional \$200.00.

#### For HR Department Use Only

Emp #: \_\_\_\_\_ Dept #: \_\_\_\_\_ Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Orientation completed on: \_\_\_\_/\_\_\_\_/\_\_\_\_ \$250.00 Check Order: \_\_\_\_/\_\_\_\_/\_\_\_\_  cc Payroll  
HR Status on \_\_\_\_/\_\_\_\_/\_\_\_\_: Active / Terminated

\* \* \* \* \*

90 days completed on: \_\_\_\_/\_\_\_\_/\_\_\_\_ \$150.00 Check Order: \_\_\_\_/\_\_\_\_/\_\_\_\_  cc Payroll  
HR Status on \_\_\_\_/\_\_\_\_/\_\_\_\_: Active / Terminated

\$



Orange Grove Center, Inc.  
 615 Derby Street  
 Chattanooga, Tennessee 37404  
 Phone: 423-629-1451  
 Fax: 423-493-2923

## APPLICANT WAIVER

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

Name of Agency & Region: The Orange Grove Center

Applicant: Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

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

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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 GBI, TBI and FBI criminal databases, to the aforementioned entity/agency.

## STATEMENT AUTHORIZING RELEASE OF INFORMATION

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 The 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 or        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 The Orange Grove Center, Inc., the Tennessee Department of Intellectual and Developmental Disabilities (DIDD) and the Bureau of TennCare 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 DIDD services.

Signature of Applicant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

## NOTIFICATION AND AUTHORIZATION FOR PROCUREMENT OF CONSUMER REPORTS

The purpose of this release is to allow Orange Grove Center (referred to as "Company"), Application Researchers, LLC, or their assigns, to obtain background information which may include any lawful investigation of my educational background and criminal, driving, credit, and employment histories as well as any other verifications deemed appropriate, while maintaining compliance with all governmental laws.

In accordance with the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., I am aware I have the right to make a written request of Application Researchers, LLC, Post Office Box 11, Chattanooga, Tennessee 37401-0011, (800) 865-5272, to obtain additional information regarding the nature and scope of the background check, as well as receive a written summary of my rights under the Fair Credit Reporting Act.

If the Company considers the background checks 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 authorize without reservation any party or agency contacted by this Company or its representatives to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time of my application for employment is being considered or throughout the duration of my assignment in the event that I am a current Company employee.

I certify that the information set forth below 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 names):  
\_\_\_\_\_

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

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

LIST EVERY CITY AND STATE IN WHICH YOU HAVE LIVED IN THE LAST SEVEN YEARS:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

\_\_\_\_\_  
SIGNATURE OF APPLICANT

DATED: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_





The Orange Grove Center, Inc.  
615 Derby Street  
Chattanooga, Tennessee 37404  
Phone: 423-629-1451  
Fax: 423-493-2923

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

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

I agree that a provider selected by The Orange Grove Center, Inc., 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 The Orange Grove Center, Inc.

I further agree to hold harmless The 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 The 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

Social Security Number: XXX - XX- \_\_\_\_\_

\_\_\_\_\_  
Last 4 digits



The Orange Grove Center, Inc.  
 615 Derby Street  
 Chattanooga, Tennessee 37404  
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### Equal Employment Opportunity Affirmative Action Applicant Voluntary Self-Identification Form

Our company is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites applicants to voluntarily self-identify their gender, race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable law, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. The data will not identify specific individuals.

Applicant Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

For Benefits Census Purpose: Marital Status: \_\_\_\_ Married \_\_\_\_ Single

U. S. Military \_\_ No \_\_ Yes, which branch: \_\_\_\_\_

\_\_\_\_ Vietnam Era Veteran (180 days active service 8/5/64 to 5/7/75) \_\_\_\_ Disabled Veteran

Please indicate your gender and choose from one of the seven racial/ethnic categories below.

\_\_\_\_ Male \_\_\_\_\_ Female

- \_\_\_\_ Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- \_\_\_\_ White (not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- \_\_\_\_ Black or African American (not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.
- \_\_\_\_ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- \_\_\_\_ Asian (not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- \_\_\_\_ American Indian or Alaska Native (not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- \_\_\_\_ Two or More Races (not Hispanic or Latino) A person who identifies with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

If you have any question regarding this form, please contact the HR Department.

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

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SS# XXX - XX - \_\_\_\_\_  
Last 4 digits only

## PERSONAL REFERENCES

This section **MUST** be completed. **DO NOT include relatives or previous employers.** Include only individuals familiar with your work ability and character. **Each MUST have known you for at least five (5) years.**

Name	Home Phone Number (Required)	Cell Phone Number (Required)	Years	Relationship
1.				
2.				
3.				

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  
 Yes  No

Have you been convicted of or served time for a felony? List below.

Have you been convicted of a misdemeanor involving physical harm to a person including but not limited to neglect or abuse or a misdemeanor involving financial harm/exploitation to a person including but not limited to theft, misappropriation of funds, fraud or breach of fiduciary duty?

Yes  No

Have you been convicted of a misdemeanor involving illicit drugs, drug/alcohol misuse or sexual misbehavior (e.g. indecent exposure, voyeurism) within the last ten years?

Yes  No

Have you been convicted of 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.

(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.		

## EMERGENCY CONTACT

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

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

**For Human Resources Department Use Only**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **SS#: XXX-XX -** \_\_\_\_\_  
 \_\_\_\_\_ **Resume** \_\_\_\_\_ **Fast PATH** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Indeed:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**STEP #1 - APPLICATION INTAKE**

HR System \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \* Scanned \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \* Attached \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \* Flow Chart \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Initials Date Initials Date Initials Date

**STEP #2 - APPLICATION SCREENING**

BACKGROUND CHECK	Dated Completed	Results	HR Staff
2a. Hamilton County: _____ Criminal Court _____ Session Court	____ / ____ / ____	<b>NAMES USED:</b> 1) _____ No Record Found _____ Record Found 2) _____ No Record Found _____ Record Found	

**STEP #3 - APPLICATION RELEASE/ROUTING**

Application Release	Dated Released	Results	HR Staff
2b. Hamilton County Criminal Check	____ / ____ / ____	_____ Acceptable _____ Unacceptable	

**STEP #3 - SELECTION**

Hiring Supervisor: \_\_\_\_\_ Ext. \_\_\_\_\_  Referral Introduction Form  Auto Email Start Background Check  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Carter/Hissam/Seard Assigned to: Hiltunen / Raymond Completed on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Initials \_\_\_\_\_

STEP #4 - BACKGROUND CHECK (within 30 days)	Date Requested	Received	Results	Completed By
1. D I D S Register			___ No Record Found ___ Record Found	HR Staff / Application Researchers
3. Outside of State Parole Register			___ No Record Found ___ Record Found	HR Staff / Application Researchers
4. Tennessee Abuse Register			___ No Record Found ___ Record Found	HR Staff / Application Researchers
5. Tennessee Sexual Offender Register			___ No Record Found ___ Record Found	HR Staff / Application Researchers
6. Tennessee Felony Offender Register			___ No Record Found ___ Record Found	HR Staff / Application Researchers
7. Georgia Sexual Abuse Register			___ No Record Found ___ Record Found	HR Staff / Application Researchers
8. SAM - Choices, Adult Day Care & In Home			___ No Record Found ___ Record Found	HR Staff / Application Researchers
9. OIG (Office of Inspector General)			___ No Record Found ___ Record Found	HR Staff / Application Researchers
10. National Sexual Offender Register			___ No Record Found ___ Record Found	HR Staff / Application Researchers
11. Background Check-Employment			1 2 3 4 5	HR Staff / Application Researchers
12. Background Check -Personal References			1 2 3 4 5	Hiring Department (12/10/18)
13. Applicant Credentials				
a. High School Diploma/Transcript/GED				
b. State Issued Driver's License				
c. Social Security Card or Birth Certificate				
d. Motor Vehicle Report - Need: ___ Yes ___ No			_____ Acceptable _____ Unacceptable Reviewed by Transportation	Applicant / Application Researchers
<b>FOR CDL DRIVERS ONLY</b>				
14. Check Sheet for Drivers				
15. Pre-Employment Urinalysis				
16. Request/Consent From Past Employer				
<b>STEP #5 - POST JOB OFFER</b>	HR Scheduled w/App	Actual Appointment	Date Results Received	493-2905 894-3589 899-6222 834-9400 875-0700 HCS East Ridge Ham Place Hwy 58 Hixson
Drug Screen				Negative-OK Positive-unacceptable HCS / Physician Care
Placement Physical				Negative-OK Positive-unacceptable HCS / Physician Care
TB Skin Test / Chest X-Ray				Negative-OK Positive-unacceptable HCS / Physician Care
Criminal - Fingerprinting - TN				___ No Indication/OK ___ Indication/NEG IdentoGo
Criminal - Fingerprinting - GA				___ No Indication/OK ___ Indication/NEG

**STEP #6 - NOTIFICATION TO SUPERVISOR** Applicant is **READY** via email: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hiltunen / Raymond

**STEP #7 - NEW HIRE REGISTRATION** Hiltunen / Raymond Initials \_\_\_\_\_

1. \_\_\_\_\_ HR 100 & Job Description on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. \_\_\_\_\_ Gave New Hire Employee Packet on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. \_\_\_\_\_ Entered in HR System on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. \_\_\_\_\_ E-Verification (I-9) W/I 3 days on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Note: \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Note: \_\_\_\_\_