



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: _____ Email address: _____

Name: _____ Social Security Number: _____
Last First M.I.

Home Phone: _____ Message Phone: _____

Address: _____
Street/Post Office Box City County State ZipCode

Have you ever been employed by Orange Grove Center Dates: No ___ If Yes, Under what name _____

Positions applied for: 1. _____ 2. _____ 3. _____

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

Circle ALL hours you are available: ___ 1st shift: 8a-4p ___ 2nd Shift: 2p-midnight ___ 3rd Shift: midnight-8a

How did you hear about us? Weekends Only Other: _____

___ Employee ___ Advertisement ___ Employment Agency ___ Walk-in ___ Job Fair ___ Internet

___ 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?

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

Type: _____ Expiration Date: _____ Number: _____ State: _____

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	_____	_____	_____
College	_____	_____	_____

U.S. Military ___ No ___ Yes, which branch: _____ Vietnam Era Veteran (180 days active service 8/5/64-5/7/75) ___ Disabled Veteran

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				
_____	Per _____	_____		
Salary	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				
_____	Per _____	_____		
Salary	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				
_____	Per _____	_____		
Salary	Hour, Week, Month, Year	Reason for Leaving		

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

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

List previous experience with persons with developmental disabilities: _____

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 5 years.

Name	Address	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 Have you been convicted of or served time for a felony? List below.
- Yes No 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 or 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)?
- Yes No Have you been charged with child abuse?
- Yes No Has a child in your custody or control ever been declared neglected? If yes to any of the above, please list below.

Incident & Date	City & State	Charge

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relation _____ Phone _____
 Address _____ City/State/Zip _____

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 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 Orange Grove Center, Inc., and the Tennessee Department of Intellectual and Developmental Disabilities 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

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.

Please hit submit and follow instructions to send via email. If you have difficulty with this option, please save this completed form to your hard drive and send it as an attachment to application@orangegrove.org