

Family Staffing Solutions, Inc.

Stay Independent • At Home • In Charge®

Employment Application

Date of Application _____

Date of Birth _____

1. _____ 4. _____
Last Name (please print) First Middle Home/Cell Phone Work Phone

2. _____ 5. _____
Street Address (include apartment name and apt# if applicable) Fax or email address

3. _____ 6. _____
City State Zip Code Social Security Number

Please list name and phone # we may use to contact in the event of an emergency.

Name _____ Phone# _____ Relation _____

How were you referred to Family Staffing Solutions? _____

Do you have reliable transportation? _____ Make of car _____ Year _____ Insurance yes ___ no ___

Please review the following job description and list of physical demands. Applicant must be able to:

1. See, hear and move quickly enough to provide for the safety of an elderly, young or fragile person.
2. Promote positive, supportive, respectful communication to client/family and other employees
3. Be physically active during the shifts for which you are assigned.
4. Be able to stand for extended periods of time.
5. Stoop, bend, do light lifting up to 50 pounds, push, pull and have good manual dexterity.
6. Provide an environment which promotes respect for the property and privacy of the client.
7. Work cooperatively with clients, identify client's needs and make good decisions.
8. Follow directions and procedures according to company policy and the Employee Handbook.
9. Be able to use durable medical equipment...lifts, wheel chairs, walkers etc.
10. Read and write sufficiently for reporting and timesheet preparation purposes.
11. Use a positive attitude, promote good self-esteem with clients and handle stressful situations.
12. Be punctual and dependable in reporting to a job assignment.
13. Work flexible schedules, travel locally and deal with unpleasant weather conditions.
14. Practice infection control principles and maintain a clean, safe and comfortable work site.
15. Be able to comply with smoke-free workplace policy.

I agree to comply with smoke free work place policy. I am a non-smoker. Yes ___ No ___

I have read the above job description and essential functions. I understand and agree to carry out these responsibilities as assigned. I understand that nothing contained in this job description can limit the company's right to discipline or terminate my employment for failure to perform satisfactorily.

Can you meet the physical and emotional demands which will be required for this job with or without reasonable accommodation?

Yes ___ No ___ Applicant's signature _____



109 Holiday Court, Ste. B-1
Franklin TN 37067
Phone (615) 472-1563

208 Uptown Square
Murfreesboro, TN 37129
Phone (615) 848-6774

2000 Richard Jones Rd., Ste. 170
Nashville, TN 37215
Phone (615) 383-5656

768 North Main Street
Shelbyville, TN 37160
Phone (931) 680-2771

309 N. Jackson Street
Tullahoma, TN 37388
Phone (931) 222-4080

Employment/Education History & References

Are you currently employed? _____ May we contact your employer? _____

1. Most recent employer _____ Contact person _____

Address: _____ Phone number: _____ Dates employed: From _____ To _____

Position _____ Brief job description _____

Why do you wish to make a change? _____

2. **List two additional previous employers (include phone numbers and work dates) with whom we may check as a reference for your 5 year work history. See attached for more space if necessary to explain or notate.**

_____ phone # _____ from _____ to _____

_____ phone # _____ from _____ to _____

3. Please list any other experiences as a caregiver with elderly, fragile or ill persons.

4. Please list the last year of school you have completed. _____

5. Are you a: CNT CNA PCA (documentation requested)

Personal References (Do not list relatives or former employers.)

1. Name _____ relationship _____ phone _____ HOW LONG HAVE KNOWN _____

2. Name _____ relationship _____ phone _____ HOW LONG HAVE KNOWN _____

3. Name _____ relationship _____ phone _____ HOW LONG HAVE KNOWN _____

I AUTHORIZE PREVIOUS EMPLOYERS TO RELEASE THE REQUESTED INFORMATION TO FAMILY STAFFING SOLUTIONS. AND I RELEASE ALL PARTIES FROM ANY ASSOCIATED LIABILITY.

**Specify hours available
for each day of the week**

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
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What do you like about working with the elderly? _____

Why would you like to work for Family Staffing Solutions? _____

Statements of Understanding

Will you agree to and comply with the drug testing policy of our company? Yes ___ No ___

Have you been convicted of any misdemeanor or felony? Yes ___ No ___ If yes, please explain. _____

Are you involved in any legal action currently under consideration by the courts concerning criminal behavior?

Yes ___ No ___ If yes, please explain _____

I acknowledge that I have been informed that a criminal history check and a department of motor vehicle check will be performed on my name and/or drivers license number. I also understand that my employment is pending the results of this criminal history check and that I have not had multiple arrests nor been convicted of any felony. I acknowledge that other criminal behavior will affect my employment. All information about my criminal background will be kept confidential. Background investigations are compiled by Investigative Concepts, 87 Abbott Lane, Estill Springs, TN 37330 and Public Data, P.O. Box 612665, DFW Airport, TX 75261.

I certify that the answers and information on the application are true and correct. Any misrepresentation of facts will be grounds for dismissal. I understand that my employment depends upon the will of the company.

I understand that if I am employed through Family Staffing Solutions, I agree that I will not accept private employment from or work as a volunteer with any client, responsible party, other family member or friend of that family that I have worked for in the name of Family Staffing Solutions or make arrangements for anyone I am associated with to accept employment from any client or responsible party for a period of one year after the last date of my employment with Family Staffing Solutions in a geographic area including all counties in which Family Staffing Solutions does business and all counties adjacent thereto. *Violation of this agreement will subject employee to legal action. The prevailing party shall have the right to collect its reasonable costs and attorneys' fees which are incurred in enforcing this policy of employment with Family Staffing Solutions.*

Signature of Applicant _____ Printed Name _____ Date _____

I understand that by signing this document I am a variable hour employee and not eligible for employer sponsored insurance benefits for one year. _____ initials.