

JOURNEYS

IN COMMUNITY LIVING

1130 Haley Road
 Murfreesboro, TN 37129
 employment@journeysincommunity.org

Telephone: 615-890-4389
 Fax: 615-849-8727
 HR fax: 866-314-9984

Employment Application

An Equal Opportunity Employer

POSITION APPLIED FOR (Admin, Residential, Driver etc)	
Shift/Day Preference	1 st Shift _____ 2 nd Shift _____ 3 rd Shift _____ Full time _____ Part Time _____ Circle days of week available to work Mon Tue Wed Thu Fri Sat Sun

If assistance is needed to complete this application, please let us know. We are pleased that you are interested in employment with us. We offer equal opportunities to all persons without regard to race, color, religion, age, sex, marital status, national origin, disability or veteran status. Please complete this application form in ink in your own handwriting. Answer all questions fully since all statements made by you will be checked for accuracy. We will give this application every consideration. However, accepting it does not imply a commitment of employment. This application for employment will remain active for 90 days. After 90 days, applicants must submit another application to be considered for employment.

GENERAL INFORMATION		
Name (last, first, middle initial)	Social Security No.	
Street Address	City, State, Zip	
Home Phone No.	Work Phone No.	Cell Phone No.
Are you 18 years of age or older: Yes ___ No ___ If no, employment subject to verification of minimum legal age by age certificate or work permit.		
TRAINING AND EDUCATION (Proof of completion/degree required)		
CIRCLE HIGHEST GRADE COMPLETED: 8 9 10		
11 12 GED		
Colleges/other training	Major/subject	Degree/certificates (completed or in process)
SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Office equipment, computers, software (typing speed, programs, etc.)		
Technical skills, professional licenses (RN, LPN, CNT, etc)		
Other		

BACKGROUND INFORMATION

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ___ No ___ (Proof of citizenship or immigration status will be required upon employment).

Do you have a valid Tennessee Driver's License? Yes ___ No ___
Expiration Date of D/L _____ License No. _____

Most positions involve driving and require that you not only have a good driving history but also have an F endorsement on your Tennessee driving license. Do you currently have an F Endorsement? Yes ___ No ___ If not, you must apply for an F Endorsement within your first week of hire. Do you agree to apply for your F endorsement within your first week of employment?
Yes _____
If no, please explain why. _____

Do you have steady transportation to work? Yes ___ No ___

Have you ever been discharged or asked to resign from a position? Yes ___ No ___ If so, explain:

Have you ever held a position of trust (handling monies, securities or confidential material)?
Yes ___ No ___

Have you ever been convicted of any felony? Yes ___ No ___ (Conviction will not necessarily disqualify the applicant from consideration for employment). If yes, state details (date, court, offense, place of occurrence)

Is there anything that would prevent you from satisfactorily performing, either with our without reasonable accommodation, the essential functions of the job for which you have applied? Yes ___ No ___

Military Service: Have you served in the armed forces? Yes ___ No ___ If yes, From _____ to _____ Which service and branch?

Final Rank _____ Duties/schooling & special training received _____

How/where did you hear about the position for which you are applying? (Check one)

_____ Friend or relative
_____ Employment Agency
_____ Newspaper ad

_____ Internet/Web Site
_____ Employee Referral
_____ Other, please specify

If Journeys employee please list their name below

EMPLOYMENT HISTORY

Beginning with your **present or most recent employment**, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections **MUST** be completed even if a resume is submitted.

Employer #1 (Current or most recent)		Employed	
		From:	To:
Address (include city/state)		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Job Duties			
May we contact this employer?		Phone No.	
Reason for leaving			

JOURNEYS

IN COMMUNITY LIVING

1130 Haley Road Murfreesboro, Tennessee 37133-0733
Phone: 615-890-4389 www.journeysincommunity.org

WHAT IS JOURNEYS IN COMMUNITY LIVING (formerly Rutherford County Adult Activity Center)?

JOURNEYS is a private, non-profit agency established in 1975 to provide residential and day services for adults with intellectual disabilities who live in Rutherford and Cannon Counties. It is funded in part by the Tennessee Department of Intellectual and Developmental Disabilities (DIDD), the United Way, the City of Murfreesboro and the Rutherford County Commission.

WHO IS ELIGIBLE FOR SERVICES AT JOURNEYS?

Any person who is intellectually disabled is qualified to attend JOURNEYS. Admission usually must be authorized by the Tennessee Department of Intellectual and Developmental Disabilities. Training and employment services are ordinarily free to the participant. Our residential clients pay for their own direct living expenses.

All services are available without regard to race, color, creed, national origin, or degree of disability.

WHAT SERVICES ARE AVAILABLE?

1) Community Participation Services

This component provides the supports necessary for our clients to become fully participating members of their communities. Persons are given the opportunity to use and develop their self-help, communication, socialization and functional academic skills in integrated community settings. Volunteer opportunities are also available.

2) Industrial Training

All participants are engaged in productive, paying work. Subcontracts are procured from area industries; and clients are trained in a variety of assembling, packaging, sorting, and salvaging, microfilming and other light industrial skills. Participants are paid according to Federal Wage and Hour regulations.

3) Job Training and Placement

Independent, competitive employment is the goal of this program. We locate appropriate jobs for the participants and provide necessary on-the-job training, free of charge to the employer. Small groups of clients are also placed in work crews in area industries with JOURNEYS supplying the supervisor.

4) Special Services

JOURNEYS strives to meet the special needs of all our participants and their families. Individuals receive yearly physical and dental evaluations and health services are arranged as needed. Physical, occupational and speech therapies are provided, as well as counseling and social work services. Former clients now in competitive employment are provided ongoing support and retraining help through our Follow Along Program. Retirement activities are also available for our Senior Citizens.

5) Residential Services

JOURNEYS believes in supporting the full integration of its clients into the community. It operates one group home for men and women and a Supported Living Program, where clients are maintained in their own homes with the help of residential staff.

6) Transportation

Transportation is provided to and from our clients' homes, our day facility, and employment sites. We also provide transportation for shopping and recreational activities and for medical appointments.

HOURS OF OPERATION: Monday through Friday, 8:00 a.m. to 4:00 p.m.

Residential programs operate daily around the clock, including weekends and holidays.

Job Training and Placement Services operate at the convenience of our community employers.

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Murfreesboro, Tennessee 37133-0733

NOTICE OF CRIMINAL BACKGROUND CHECK

As part of our procedure for processing your application for employment for a position involving direct contact with or responsibility for persons with developmental disabilities, we must inform you that a criminal background check will be conducted if you are to be employed by Journeys In Community Living.

All job applicants for positions relating to the direct contact with or responsibility for persons with developmental disabilities must disclose information on any prior conviction(s) by any local, state, federal or military court of any **felony or any other conviction involving sexual crimes**.

You must list below any felony or any other conviction involving sexual crimes including, **but not limited to**:

- rape, sexual assault, sexually battery, exhibitionism, voyeurism, or an attempt to commit any of such sexual crimes
- homicide or attempted homicide
- felonious assault or attempted felonious assault
- unlawful breaking or entering
- robbery
- burglary
- theft
- arson

If you are required to register or have registered with the registry of sexual offenders in accordance with Tennessee Code Annotated, Section 36-6-110, you must disclose such information.

CONVICTION RECORD: State details (date, court, offense, place of occurrence)

"I certify that I have been informed about Journey's policy on criminal background checks and understand that a background check will be conducted on me as a condition of my employment with the Agency. Further, I certify that the information given by me relative to any prior convictions is true in all respects, and agree that if employed and it is found to be false in any way, that I will be subject to dismissal without notice when discovered."

Date

Signature of Applicant

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Murfreesboro, Tennessee 37133-0733

Phone: 615-890-4389 Fax: 615-849-8727

www.journeysincommunity.org

STATEMENT FOR RELEASE OF INFORMATION

Date:

Name of Agency & Region: JOURNEYS IN COMMUNITY LIVING
MIDDLE TN REGION

Full Name of Employee/Applicant: _____

Previously used names (nicknames, maiden name, etc.) _____

SS#: _____

DL#: _____

State of DL: _____

Hire Date: _____

I, _____, certify and affirm that, to the best of my knowledge and belief; I

<i>Have</i>	OR	<i>Have not</i>	(Check one as applicable)
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had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize JOURNEYS IN COMMUNITY LIVING and MIDDLE TENNESSEE REGION and the TENNESSEE DIVISION OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES to have full and complete access to any and all personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

Signature of Employee/Applicant: _____

Date: _____

Witness: _____ Date: _____

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Pre-Employment Drug Testing Consent And Release

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

I agree that I will submit voluntarily to a urinalysis test at a lab chosen by Journeys for analysis.

I further agree to and hereby authorize the release of the results of said tests to Journeys.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at Journeys.

I further agree to hold harmless Journeys and its agents from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with Journey'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) _____

Social Security No. _____ - _____ - _____

Applicant Signature _____ Date _____

Witness (Printed Name) _____

Witness Signature _____

JOURNEYS

IN COMMUNITY LIVING

DISCLOSURE AND AUTHORIZATION FORM

Journeys, (the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company: Rachel Burch, HR Director, 1130 Haley Road Murfreesboro TN 37129 615-890-4389. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only -- You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Social Security No.* _____ Date of Birth* _____

Present Address _____

City/State/Zip _____

Prior Addresses _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License # _____

Applicant Signature _____ Date _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftcgov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051

Date: _____

To: _____

Re: Employer Reference Information Request

_____ SS# XXX – XX - _____ has applied for a position with Journeys In Community Living (formerly Rutherford County Adult Activity Center), a support program for adults with Intellectual and Developmental Disabilities and has given your name as a current/former employer. Please return this form at your earliest convenience by fax or email.

Thank you for your assistance.

Name and Title

REFERENCE INFORMATION

Title of position applicant was hired or title of position applicant left			
Employment Dates:	From:	To:	
Hours per week applicant worked			
Reason applicant left employment with your company			
Would you rehire?			
If no, why not?			

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
Quality of work				
Cooperation				
Communication skills				
Responsibility for self				
Relationships with peers				
Relationship with supervisor				
Professional conduct				
Punctuality				
Attendance				
Supervisory skills				

Additional comments:

Signature and Title of person completing this form

Date

Release of information

I hereby authorize the release of any information concerning my current/previous employment to Journeys In Community Living.

Signature of Applicant

Date

Date: _____

To: _____

Re: Employer Reference Information Request

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Relationship with supervisor				
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If no, why not?			

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Quality of work				
Cooperation				
Communication skills				
Responsibility for self				
Relationships with peers				
Relationship with supervisor				
Professional conduct				
Punctuality				
Attendance				
Supervisory skills				

Additional comments:

Signature and Title of person completing this form

Date

Release of information
I hereby authorize the release of any information concerning my current/previous employment to Journeys In Community Living.

Signature of Applicant

Date

Employer #2		Employed	
		From:	To:
Address (include city/state)		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Job Duties			
May we contact this employer?		Phone No.	
Reason for leaving			
Employer #3		Employed	
		From:	To:
Address (include city/state)		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Job Duties			
May we contact this employer?		Phone No.	
Reason for leaving			
Employer #4		Employed	
		From:	To:
Address (include city/state)		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Job Duties			
May we contact this employer?		Phone No.	
Reason for leaving			

PERSONAL REFERENCES

PLEASE DO NOT LIST RELATIVES OR FORMER EMPLOYERS		
Name	Occupation	Phone

JOB APPLICANT’S AGREEMENT AND CERTIFICATION

“I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and other persons to answer all questions asked concerning my ability, character, reputation, credit standing, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without prior notice to my supervisor.”

“I agree to submit to a drug test and/or physical examination and understand that employment is contingent upon the satisfactory results of the drug test and/or physical examination. If employed, I agree to abide by all present and subsequently issued personnel policies and rules. Further, I understand that my employment with the company will not be for a stated period and is an employment-at-will. It may be terminated by me or the company at any time, with or without advance notice or obligation.”

Signature of Applicant

Date

RECORD OF INTERVIEWS

Interviewed By	Department	Date	Comments & Recommendations