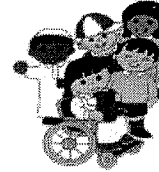


Kids Putnam



1130 Chocolate Drive ■ Cookeville, TN ■ 38501
Phone 526-KIDS(5437) ■ Fax 526-5483

(Please Print)

Application Date: _____ Position Desired: _____

PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Home Telephone () Cell Phone ()
Street Address			Work Telephone () Email:
City	State	Zip Code	Social Security Number
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Have you ever been arrested? [] Yes, [] No. Have you ever been imprisoned? [] Yes, [] No. Do you have any charges pending at this time? [] Yes, [] No. Currently on probation? [] Yes [] No. Have you ever been charged with a crime? [] Yes, [] No. If yes to any of these, give dates and explain (attach a separate sheet if necessary.)			
In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? [] Yes, [] No. If yes, list name(s) and relevant dates:			
Do you have transportation to work? [] Yes, [] No.			
Do you have a valid Tennessee Driver's License? [] Yes, [] No.			
Have you had work experience in the field of disabilities? [] Yes, Where: _____ [] No.			
Have you ever been dismissed or forced to resign from any employment? [] Yes, [] No. If yes, explain:			
In case of an emergency, who should we notify?			
Name:		Telephone: ()	Relationship:
Street Address:		City/State/Zip Code:	

EDUCATION					
School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School					
College					
Business/Trade					
Other					
Other special training or skills you would like to have considered as part of your application for employment:					
PROFESSIONAL CERTIFICATION / REGISTRATION / LICENSURE					
Do you currently have a certification, registration or license for a professional position? [] Yes [] No If yes, please complete below and attach a copy of the document. Type of Certification, Registration, or License / State or National? / Certification, Registration or License No. / Expiration Date					
Has your certificate, registration or license in any state ever been revoked or suspended? [] Yes [] No If yes, please explain:					

MILITARY	Have you served in the U.S. Armed Forces? [] Yes [] No	If yes, in what Branch?
Describe any training received relevant to the position for which you are applying:		

PERSONAL REFERENCES (Must list 3 non-relatives with at least 1 having known you for at least 5 years)		
Name:	Occupation:	Relationship:
Yrs. Known:	Daytime Phone: ()	Evening Phone: ()
Name:	Occupation:	Relationship:
Yrs. Known:	Daytime Phone: ()	Evening Phone: ()
Name:	Occupation:	Relationship:
Yrs. Known:	Daytime Phone: ()	Evening Phone: ()

This Section for Kids Putnam Use Only

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give KIDS PUTNAM, Inc. (hereinafter referred to as KIDS PUTNAM) permission to contact schools, previous employers, references and others and hereby release KIDS PUTNAM and any individual or entity providing information to KIDS PUTNAM from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, I understand that employees who are found to have misrepresented or omitted facts called for in this application may be dismissed at any time without notice.

I understand that, if I am accepted for employment, while KIDS PUTNAM makes every effort to provide steady, continuous work, we have no employment contracts, and KIDS PUTNAM cannot guarantee the permanence of any position. Job tenure can be affected by many factors, including business/economic conditions, changes in laws or employer policies, conformity to work rules, job performance, etc., or my decision to leave of my own accord.

I understand that my employment with KIDS PUTNAM is for no specific term and may be terminated by me or by KIDS PUTNAM with or without notice or cause at any time. I further understand that no oral promise, KIDS PUTNAM policy, custom, business practice or other procedure, implied or expressed, constitutes an employment contract or modification of the at-will employment relationship between KIDS PUTNAM and me.

I understand that KIDS PUTNAM personnel policies and guidelines are subject to change or modification by KIDS PUTNAM solely at its discretion, without notice. I also understand that no supervisor or other official of KIDS PUTNAM (except its Executive Director, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

I understand that KIDS PUTNAM complies with the Americans with Disabilities Act of 1990, and that, during the interview process, I may be asked questions related to my ability to perform the essential job functions of the position for which I have applied.

I understand that, as a conditional offer of employment, I will be required to undergo a post-job-offer urinalysis drug screening. I also understand that KIDS PUTNAM is a drug- and alcohol-free Agency and that I, if employed by KIDS PUTNAM, may be subject to tests for drug/alcohol use due to reasonable suspicion and post-accident. Employment with KIDS PUTNAM is contingent upon successful passing of these tests.

I understand also that if I am given a conditional offer of employment, I will be required to submit to and successfully pass a thorough background check completed in accordance with TCA 33-1-209. Background checks reveal misdemeanors and felonies (including theft/robbery, worthless check writing, motor vehicle tickets/accidents, drug/alcohol convictions, sex crimes, voyeurism, arson and any criminal activity). All previous criminal activity must be reported to KIDS PUTNAM. I understand that additional checks, including the Tennessee Elderly and Vulnerable Abuse Registry, the Tennessee Sexual Offender Registry and the DMRS Perpetrator List, are performed. (List any information in the space provided on Page 1 of this Employment Application and on attached sheet if necessary).

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief; I "have ___ or have not ___," as applicable 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 Kids Putnam, Inc, the Tennessee Division of Intellectual Disabilities Services 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 DIDS' services/

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days must reapply.

Applicant Signature _____ Date _____

KIDS PUTNAM, Inc. is an Equal Opportunity Employer and makes employment decisions based solely upon applicant qualifications, without regard to race, color, age, sex, religion, national origin, handicap or marital status.P
KIDS PUTNAM, Inc. is a United Way Agency.