

CHATTANOOGA SUPPORTIVE SERVICES, INC.

118 LEE PARKWAY DRIVE, SUITE 175, CHATTANOOGA, TN 37421  
 PHONE: 423-475-5647 • FAX: 423-475-5648



Date of Application:

**NOTICE TO APPLICANT**

(Please read carefully)

All statements made on this application form are subject to be checked for accuracy. All questions should be carefully, plainly, and specifically answered, giving further detailed information on additional sheets of paper if needed. Please write plainly, print or type.

Applicants are not required to give any information on this form that is prohibited by federal, state or local laws. The use of this form does not mean there are any positions (jobs), open or in any way obligate Chattanooga Supportive Services Inc.

Chattanooga Supportive Services Inc. is an Equal Opportunity Employer dedicated to a policy of nondiscrimination in employment on any basis, including, without limitation, race, creed, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state or local law.

Note: ALL sections of this application must be completed in order to be considered for employment. Applications which are incomplete, illegible, missing information, or do not provide sufficient detail, will automatically be disqualified from consideration and interviews of any kind, will not be scheduled.

Last Name		First Name			Middle / Maiden Name				
Street Address		Apt#	City		State	Zip			
Home phone		Business, Cell or Other Phone			Social Security #				
Are you a U.S. citizen?				Yes	No	Are you at least 18 years of age?		Yes	No
Are you legally eligible for employment in the U.S.?				Yes	No				
Have you ever been convicted of a crime other than minor traffic violations?							Yes	No	
If "Yes," state offense, date, court, and place where offense (s) occurred									
A conviction record will not necessarily automatically disqualify you from employment. such factors as when the offense occurred, seriousness and nature of conviction as related to position applied for will be taken into account.									
How did you learn about us? (check which applies)		Advertisement	Internet	Friend	Current Employee	Other: (Specify)			
Have you ever been employed with us before?				Yes	No	May we contact present employer?		Yes	No
If "Yes," give position and date (s)						Date Available for work			
What is your desired yearly salary range?									
List the job titles (s) for which you do wish to apply. List them in priority order.		# 1			# 2				

**PERSONAL HEALTH STATEMENT (ONLY JOB-RELATED CONDITIONS ARE CONSIDER)**

Are you able to perform, with or without a reasonable accommodation, the tasks of the job for which you have applied?	YES	NO
If an accommodation needed, how would you perform the tasks, and with what accommodation?		
Are you willing to take a drug-screening test?  (A physical examination may be required after an offer of employment is extended, and the employment offer will be made contingent upon successful passing of physical examination.)	YES	NO
C. S. S. will not discriminate against any applicant for employment because of physical or mental disability in regard to any position for which the applicant for employment is qualified.		

**CORRECTIVE ACTION**

Have you ever been WARNED, DISCIPLINED, or TERMINATED by an employer in the past 5 years for: (indicate "Yes" or "No")

	Yes	No		Yes	No		Yes	No
Lateness			Convicted of a felony			Taking or misusing tools, merchandise or equipment		
Absences			Falsifying time card			Giving friends or family information unauthorized information		
Horseplay			Cash Shortages			Incorrect sales, refunds or receiving records		
Arguments			Violation of safety rules			Inability to get along with others		
Fighting			Violation of work rules			Poor performance		
Insubordination			Other (List here):					

If any are "Yes," explain:

**PERSONAL / PROFESSIONAL REFERENCES (Please do not include family members)**

	Name	Phone Number	Best Time to Call	Occupation
1				
2				
3				

Note: Your application will remain active for 180 days. Should you still be interested in employment after 180 days, you must contact Human Resources to renew your application. It may be necessary for you to complete a new application.

EDUCATION				
School	School Name & Address	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

TRAINING AND ADDITIONAL SKILLS
List any additional training, skills (computer, machines and equipment), and / or courses relevant to the position for which you are applying.

ADDITIONAL INFORMATION
List Qualifications / Certifications. Summarize special job-related certifications, licenses and qualifications acquired from employment or other experience.

WORK EXPERIENCE				
Employer	Dates Employed		Work Performed	
Address	FROM	TO		
Telephone Number				
Job Title	Hourly Rate / Salary			
Supervisor	STARTING	FINAL		
Reason for Leaving				
May we contact?	YES	NO		

WORK EXPERIENCE				
Employer	Dates Employed		Work Performed	
Address	FROM	TO		
Telephone Number				
Job Title	Hourly Rate / Salary			
Supervisor	STARTING	FINAL		
Reason for Leaving				
May we contact?	YES	NO		

WORK EXPERIENCE				
Employer			Dates Employed	Work Performed
Address			FROM TO	
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Reason for Leaving				
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Address			FROM TO	
Telephone Number				
Job Title			Hourly Rate / Salary	
Supervisor			STARTING FINAL	
Reason for Leaving				
May we contact?	YES	NO		

Note: Include explanation of any employment gaps and if you have less than five years of employment.

**VOLUNTARY SELF-IDENTIFICATION (Confidential - for statistical use only)**

We are an Equal Opportunity Employer and do not discriminate on the basis of race, creed, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL

Date:		Position Applied For:	
Name:		Social Security Number:	
Gender	Male	Female	Date of Birth:

**ETHNIC ORIGIN**

(Please check one of the descriptions below corresponding to the ethnic origin with which you most identify)

<input type="checkbox"/>	Black	Not of Hispanic origin.
<input type="checkbox"/>	Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.
<input type="checkbox"/>	Asian or Pacific Islander	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands.
<input type="checkbox"/>	American Indian or Alaskan Native	All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/>	White	Not of Hispanic origin.

**VETERAN STATUS (Please check one if it describes your veteran status)**

<input type="checkbox"/>	Special Disabled Veteran	Means: (A), a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled pay, would be entitled to compensation), under laws administered by the Department of Veteran Affairs for a disability rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment disability or, (B), a person who was discharged or released from active duty because of a service-connected disability.
<input type="checkbox"/>	Vietnam Era Veteran	Means: A veteran, any part of whose active military, naval, or air service, was during the period August 5, 1964 through May 7, 1975 who (1) served on active duty for a period of more than 180 days and discharged or released therefrom with other than a dishonorable discharge, or, (2), was discharged or released from active duty because of a service-connected disability. No veteran can be considered to be a veteran of the Vietnam era under this paragraph after December 31, 1994.

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" Files, separately from personnel records!

**PLEASE READ CAREFULLY**

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents), may be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on Chattanooga Supportive Services Inc. (CSS). I understand this decision is to rest with CSS.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of CSS Inc., and I understand that my employment and compensation can be terminated for any reason or for no reason, with or without notice, at any time, at the option of either CSS, or myself. I understand that no representative of CSS, other than the Director of Operations, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of the Application for Employment does not guarantee that I will be employed by CSS.

I understand that CSS requires the successful completion of a Drug Screen and a Background Check (including Registries), as a condition of employment. By submitting this Application for Employment, I hereby consent to a Drug Screen and a Background Check (including Registries).

Signed:

Date:

**REMARKS (This space reserved for Employer)**

Empty space reserved for Employer remarks.