

# PACESETTERS, INCORPORATED

## APPLICATION FOR EMPLOYMENT

(Please Print Legibly)

Email application to: [recruiter@pacesetterstn.com](mailto:recruiter@pacesetterstn.com)

Fax: Attention: Recruiter @ 931-537-9916

**Mission Statement:** To empower and support people with disabilities and their families to lead enriched and fulfilled lives.

Application Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

[ ] Full-Time [ ] Part-Time County: \_\_\_\_\_ Macon \_\_\_\_\_ Overton \_\_\_\_\_ Putnam \_\_\_\_\_ Warren \_\_\_\_\_ White \_\_\_\_\_ Dekalb  
(City Area) (Lafayette) (Livingston) (Cookeville) (McMinville) (Sparta) (Smithville)

Referred to Pacesetters by \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

What made you choose Pacesetters for employment opportunities? \_\_\_\_\_

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Last Name	First Name	Middle Name	Home Phone ( ) Cell Phone ( )
Street Address			Work Phone ( ) Email:
City	State	Zip Code	Social Security Number <b>Entered at Interview</b>
Are you legally eligible for employment in the United States?			When will you be available to begin work?
In order to permit a check of your work and educational records, should we be made aware of any name changes or assumed name(s) that you previously used (including maiden name) within the last 7 years? [ ] Yes, [ ] No. If YES list name(s) and specific dates:			
Name _____		Specific Years Used (From XXXX to XXXX) _____	
Name _____		Specific Years Used (From XXXX to XXXX) _____	
Some positions will require that you work a flexible schedule with mandatory overtime as needed. Will you work overtime if asked? [ ] Yes [ ] No Are there any hours, shifts or days you will not work? [ ] Yes [ ] No If YES, please explain: _____			
Do you have transportation to work? [ ] Yes, [ ] No Do you have a valid TN Driver's License? [ ] Yes [ ] No DL Number: <b>Entered at Interview</b> Expiration Date: _____ State: _____ License Type (Class): _____			
Do you have any friends or relatives who work for Pacesetters? [ ] Yes, [ ] No. If YES, please list: Name(s): _____ Relationship(s): _____			
Have you ever before been employed with Pacesetters? [ ] Yes, Dates _____ [ ] No Have you previously applied with Pacesetters? [ ] Yes, Dates _____ [ ] No Name(s) at the time previously employed/applied: _____			
Have you had work experience in the field of disabilities? [ ] Yes, Where? _____ [ ] No			
<b>IN CASE OF AN EMERGENCY, WHO SHOULD WE NOTIFY?</b>			
Name: _____ Telephone: ( ) _____ Relationship: _____			
Street Address: _____		City/State/Zip: _____	

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School	Name of School, City and State	Course of Study	Years Completed	Did you Graduate?	Diploma or Degree
High School					
College					
Vocational School					

**PROFESSIONAL CERTIFICATION / REGISTRATION / LICENSURE**

Please describe any specialized training, apprenticeship, certifications, registrations, or licensures you may have: Attach a copy.

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES (Must list 3 Non-Relatives with 1 having known you for at least 5 years)**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Yrs. Known: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_ Night Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Yrs. Known: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_ Night Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Yrs. Known: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_ Night Phone: ( ) \_\_\_\_\_

The Section BELOW for Pacesetters Use Only

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**EMPLOYMENT**

*A CONTINUOUS ACCOUNT OF EMPLOYMENT FOR PAST 5 YEARS is REQUIRED STARTING WITH CURRENT OR LAST EMPLOYER. ALL GAPS IN EMPLOYMENT MUST BE EXPLAINED.*

Please give an accurate or complete full-time and part-time employment record. **Start with most recent employer. We must have a continuous account of employment for past 5 years.**

May we contact you at your place of employment? [ ] Yes [ ] No

May we contact your current employer? [ ] Yes [ ] No

Previous Employer(s)? [ ] Yes [ ] No

If NO, please list any exceptions and/or reasons for not contacting current or previous employers:

\_\_\_\_\_

Company Name	Telephone ( )
Address (street, city, state)	Employed – (Give month and year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

***This Section for Pacesetters Use Only***

Date: \_\_\_\_\_ Person Contacted/Title: \_\_\_\_\_

Is individual eligible for re-employment? [ ] Yes [ ] No If no, why? \_\_\_\_\_

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Please give an accurate or complete full-time and part-time employment record. **Start with your present or most recent employer. We must have a continuous account of employment for past 5 years.**

Company Name	Telephone (     )
Address (street, city, state)	Employed – (Give month and year) From:    To:
Name of Supervisor	Weekly Pay Start:    Last:
State Job Title and Describe Your Work	Reason for Leaving

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Date: \_\_\_\_\_ Person Contacted/Title: \_\_\_\_\_

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Date: \_\_\_\_\_ Person Contacted/Title: \_\_\_\_\_

Is individual eligible for re-employment?  Yes  No If no, why? \_\_\_\_\_

Please explain reasons for gaps of employment: \_\_\_\_\_

### APPLICANT'S STATEMENT

Certification and Release: I certify that I have read and understand the application note on this page and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or it agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history, and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

#### **\*\*READ THIS SENTENCE CAREFULLY BEFORE CHOOSING HAVE OR HAVE NOT:**

\*\*I the undersigned applicant certify and affirm that, to the best of my knowledge and belief; "**I have not \_\_\_\_\_ or I have \_\_\_\_\_, as applicable, had a case of abuse, neglect, mistreatment or exploitation substantiated against me.**"

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***PACESETTERS, Inc. is an Equal Opportunity Employer and makes employment decisions based solely upon applicant's qualifications, without regard to race, color, age, sex, religion, national origin, disability or marital status.***