

# Welcome

**We appreciate your interest in our agency for your employment needs.**

## **LIFE BRIDGES, INC.**

**P.O. BOX 29, 764 OLD CHATTANOOGA PIKE, S.W.  
CLEVELAND, TN. 37364-0029  
PHONE (423) 472-5268**

### **ATTENTION PROSPECTIVE EMPLOYEE**

- **Life Bridges will complete a background check via TBI fingerprints and run your driving history.**
- **Employees must have a clear background check.**
- **Employees must have a valid driver's license with a clear driving history.**
- **Life Bridges is a drug free workplace. Applicants must submit to a drug screen.**

**Life Bridges, Inc. does not tolerate abuse, neglect or mistreatment of the persons served by the Agency. The team approach to care-giving is used and is described by the Agency as staff working together, supporting one another and monitoring one another.**

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 Life Bridges, Inc., the Tennessee Department of Intellectual and Developmental Disabilities 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 DIDD services.

I have read and understand the statement written above \_\_\_\_\_  
**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Are you authorized to work in the U.S.? \_\_\_\_\_ If hired, can you provide the appropriate documentation to Life Bridges? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Home Address (Street, City, State & Zip) \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Type of Position Desired: Direct Care \_\_\_\_\_ Nursing \_\_\_\_\_ Other (please list) \_\_\_\_\_

Shift Desired: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

How did you find out about employment with our Agency? \_\_\_\_\_

Driver's license number and state (Must be valid) \_\_\_\_\_

**Please note: Some positions require an F- endorsement on the driver's license. Applicant will be informed during interview process if position requires the endorsement.**

Have you had any traffic violation or citations with the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any "At Fault" accidents within the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please note: Life Bridges will complete a driving history and can not hire if you have more than 3 violations on your driving history within a 2 year period.**

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please note: Life Bridges will complete a background check via TBI finger print checks. All employees must have a clear background.**

Please list any and all prior convictions: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been required to register as a sexual offender? \_\_\_\_\_

**Educational Background:** Some positions require Diploma, Degree or License/Certifications and must be provided for employment considerations.

Do you have a High School Diploma or Equivalent (GED)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a University or College Degree? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Professional Certification or License? Yes \_\_\_\_\_ No \_\_\_\_\_ List: \_\_\_\_\_

**Work Experience**

**Please list a 5 year work history (If applicable) AND at least 3 previous employers to verify employment. (Use back of application for extra space if necessary.) If there is a job that we should not contact; please not on application.**

(1) Place \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Address \_\_\_\_\_

(Street, City and State)

Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(2) Place \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Address \_\_\_\_\_

(Street, City and State)

Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(3) Place \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Address \_\_\_\_\_

(Street, City and State)

Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(4) Place \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City and State)

Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(5) Place \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City and State)

Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

(6) Place \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City and State)

Employment Date: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Life Bridges is an equal opportunity employer, and selects the best matched individual for the job, based upon job-related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under State, Federal or local Equal Opportunity Laws.**

**I understand and agree that:**

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the agency will make a thorough investigation of my entire work and personal history, in order to verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving or receiving of any information by the agency and release from liability any person giving or receiving any such other derogatory information discovered which as a result of this investigation may prevent me being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this agency at any time without liability for wages or salary, except such as may have been earned at the date of such termination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for, prior to my employment or in the future, during my employment with the agency.
4. Although management makes every effort to accommodate individual preferences, business needs may, at times, make the following condition mandatory; overtime, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of continuing employment.
5. I understand that I must be at least 18 years old to secure employment and that evidence of this must be furnished, if hired.
6. I understand and agree that as a condition of employment, I must submit to required pre-employment drug screening and, if hired, will be required to submit to random drug screening.
7. I fully acknowledge and agree that should any drug screening for illegal drugs result in a positive testing, I will not be considered for employment. I also agree and fully understand that, if hired, should any testing result in a positive testing, I will be terminated.
8. I understand I will be required to submit to fingerprinting, should I be hired, for the purpose of a criminal investigation to be conducted by the TBI and/or FBI. I also agree and fully understand that, if hired, should any criminal background information disqualify me for employment with this agency, I will be terminated.
9. I understand I will be required to comply with Title VI, which states, “ No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance”.
10. I understand that I will be required to complete and competently pass all required training within the required timeframes. If I do not complete training within the required timeframe or I do not competently pass any training session (including Medication Administration and / or CPR), I will be terminated.
11. I understand I am required to have a valid Driver’s License and upon employment I will be required to obtain an F endorsement or comparable unless exempt due to modified job responsibilities.

I further understand that this is an application for employment and no employment contract is being offered. I also understand that if I am employed, it is for an indefinite period of time and that the agency can change wages, benefits and conditions at any time.

I have read and fully understand the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## DRUG AND ALCOHOL ABUSE POLICY STATEMENT

Life Bridges, Inc. is committed to providing a safe work environment and to fostering the well-being and health of its employees. This commitment is jeopardized when a Life Bridges, Inc. employee illegally uses drugs or alcohol on the job, comes to work under their influence, or possesses, distributes or sells drugs or alcohol in the workplace; therefore, Life Bridges, Inc. has established the following policy:

- (1) It is a violation of company policy for any employee to possess, sell, trade, or offer for sale illegal drugs or alcohol or otherwise engage in the illegal use of drugs or alcohol on the job.
- (2) It is a violation of company policy for anyone to report to work under the influence of illegal drugs or alcohol.
- (3) It is a violation of company policy for anyone to use prescription drugs illegally.
- (4) It is the policy of this company that all job applicants undergo a pre-placement drug and alcohol screen.
- (5) All employees with on the job injuries requiring medical attention are required to undergo a post-accident drug and alcohol screen.
- (6) Violations of this policy are subject to disciplinary action up to and including termination.

It is the responsibility of the company's supervisors to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug or alcohol problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment and co-workers should encourage anyone who may have a drug or alcohol problem to seek help.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive, and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the *illegal use of drugs is incompatible with employment at Life Bridges, Inc.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Personal Reference Page

Note: *Do not* give *relatives* as personal reference. Note: *At least one reference must have known you for at least five years. You must list 5 personal references. See numbers 1-5 below and only fill out name, address, telephone & years known.*

1. \_\_\_\_\_  
Name Telephone Years known  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

### Office Use only

- A. How do you know the applicant? \_\_\_\_\_
- B. What are strengths? \_\_\_\_\_
- C. What are weaknesses? \_\_\_\_\_
- D. Do you feel the applicant works better in a team situation or alone? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_
- E. This applicant has applied for a position as a (DSP, Nurse, Etc.) \_\_\_\_\_ with our company. Do you believe this applicant would be a good fit? \_\_\_\_\_  
Why / Why not? \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
Name Telephone Years known  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

### Office Use only

- A. How do you know the applicant? \_\_\_\_\_
- B. What are strengths? \_\_\_\_\_
- C. What are weaknesses? \_\_\_\_\_
- D. Do you feel the applicant works better in a team situation or alone? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_
- E. This applicant has applied for a position as a (DSP, Nurse, Etc.) \_\_\_\_\_ with our company. Do you believe this applicant would be a good fit? \_\_\_\_\_  
Why / Why not? \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
Name Telephone Years known  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

### Office Use only

- A. How do you know the applicant? \_\_\_\_\_
- B. What are strengths? \_\_\_\_\_
- C. What are weaknesses? \_\_\_\_\_
- D. Do you feel the applicant works better in a team situation or alone? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_
- E. This applicant has applied for a position as a (DSP, Nurse, Etc.) \_\_\_\_\_ with our company. Do you believe this applicant would be a good fit? \_\_\_\_\_  
Why / Why not? \_\_\_\_\_

4. \_\_\_\_\_  
Name Telephone Years known  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

**Office Use only**

- A. How do you know the applicant? \_\_\_\_\_
- B. What are strengths? \_\_\_\_\_
- C. What are weaknesses? \_\_\_\_\_
- D. Do you feel the applicant works better in a team situation or alone? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_
- E. This applicant has applied for a position as a (DSP, Nurse, Etc.) \_\_\_\_\_ with our company. Do you believe this applicant would be a good fit? \_\_\_\_\_  
Why / Why not? \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
Name Telephone Years known  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

**Office Use only**

- A. How do you know the applicant? \_\_\_\_\_
- B. What are strengths? \_\_\_\_\_
- C. What are weaknesses? \_\_\_\_\_
- D. Do you feel the applicant works better in a team situation or alone? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_
- E. This applicant has applied for a position as a (DSP, Nurse, Etc.) \_\_\_\_\_ with our company. Do you believe this applicant would be a good fit? \_\_\_\_\_  
Why / Why not? \_\_\_\_\_  
\_\_\_\_\_

I authorize any business and/or individuals to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for, prior to my employment or in the future, during my employment with the agency.

Signature \_\_\_\_\_ Date: \_\_\_\_\_