

**ATTENTION PROSPECTIVE EMPLOYEE
LIFE BRIDGES, INC.
CHECKS CRIMINAL AND TRAFFIC RECORDS
AND REQUIRES
SCREENING FOR ILLEGAL DRUGS
(ZERO TOLERANCE)
VALID DRIVERS LICENSE
SOCIAL SECURITY NUMBER
AND FINGERPRINTING
FOR
PROSPECTIVE EMPLOYEES
A MISREPRESENTATION ON YOUR APPLICATION
WILL BE GROUNDS FOR YOUR TERMINATION**

Life Bridges, Inc. does not tolerate abuse, neglect or mistreatment of the service recipients 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. If one staff person sees another staff person veering away from the appropriate care-giving practices, failing to provide appropriate care, or getting too stressed with someone, it is his or her responsibility and duty to assist and/or inform the other staff to prevent an incident from occurring. It is never appropriate to just stand back and watch someone doing something wrong and report them. The goal is to prevent incidents. Remember, you are responsible too!

There should be no conflict between staff assigned to support particular service recipients. When your team member points out an issue to you or advises you that you need to take a time-out, remember that he or she is supporting you. When in doubt, contact your supervisor. Failure to comply with this responsibility will result in disciplinary action up to and including termination.

THINK ABOUT IT

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

I have read and understand the statement written above _____

APPLICATION FOR EMPLOYMENT

Name: _____
(First) (Middle Initial) (Last)

Date: _____ Social Security _____ Can you legally work in the US? Yes__No __
If the answer is no, are you prevented from becoming lawfully employed because of visa or immigration status? _____
*If hired, the applicant will be required to submit proof of citizenship or work visas.

Type of Position Desired _____ Shift Desired _____

Name of any relative currently employed by this agency: _____

Applicant's Home Address _____

Telephone: Home: _____ Cell: _____ Number of Years at Present Address _____

Previous Address (If less than five years at present address) _____

(Street, City, State)

Notify in case of emergency _____

Telephone _____ Address _____

Name of Individual referring you for employment: _____

Educational Background

High School Graduate? _____ GED _____

	Yrs. Completed	Date Graduated
College _____	_____	_____
Degrees _____	_____	_____
Graduate Degree _____	_____	_____
Major _____		Minor _____

Other Training _____

*Professional Certification or Licenses: (By State or Body) _____

*Proof of completion and/or transcript is required before employment. (Please attach copy)

***Please complete all blanks or mark N/A if the information asked is not applicable.**

Personal Information

Five Personal References: (Give Name, Address, Position & Phone Number) (Note: Do not give relatives as personal reference. Note: At least one reference must have known you for at least five years.)

Do You have a valid driver's license? _____ Yes _____ No

If yes, please list license number and state _____

Expiration Date _____ Have you had any traffic violations or citations within the past three years?
___Yes___No Have you had any "At Fault" accidents within the last 3 years? ___Yes _____ No

If Yes, to either question, please explain in detail: _____

*A valid Driver's License (D w/F endorsement) is required upon employment.

*Verification will be required.

***Please complete all blanks or mark N/A if the information asked is not applicable.**

Have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No

If so, explain: _____

Please list any and all prior convictions: _____

Have you ever had a Workers' Compensation Claim? _____ Yes _____ No

If so, please explain _____

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

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.)

(1) Place _____

Address _____

(Street, City and State)

Employment Date: From _____ To _____ Phone _____

Position _____ Supervisor _____

Duties _____

Salary _____ Reason for Leaving _____

(2) Place _____

Address _____
(Street, City and State)

Employment Date: From _____ To _____ Phone _____

Position _____ Supervisor _____

Duties _____

Salary _____ Reason for Leaving _____

(3) Place _____

Address _____
(Street, City and State)

Employment Date: From _____ To _____ Phone _____

Position _____ Supervisor _____

Duties _____

Salary _____ Reason for Leaving _____

(4) Place _____

Address _____
(Street, City and State)

Employment Date: From _____ To _____ Phone _____

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), 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.

Date _____ Signature _____

LIFE BRIDGES, INC.
P. O. BOX 29
CLEVELAND, TN.. 37364-0029
PHONE #: (423) 472-5268

REFERENCE REQUEST FORM

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.

Signed By: _____ Date: _____
(Applicant's Signature)

FOR EMPLOYER USE ONLY

TO:

_____ has applied for the position of _____
(Name of Applicant)

and has listed you as a personal/work reference.

We would appreciate your giving us frank answers to the questions below. A self-addressed envelope is enclosed for your convenience in replying. Your prompt attention to this is greatly appreciated.

1. How long have you known the applicant?
2. Do you know of any work accommodations that would be necessary for this person to be an employee?
Yes ___ No ___
If so, please explain:
3. Do you have any information which can best be given in a personal conversation? Yes ___ No ___
4. Please rate the following characteristics by a check mark:

	<u>Superior</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Character & Integrity	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
5. If you were the hiring employer, would you have any reservations about hiring this person? Yes ___ No ___

Date: _____ Signed: _____

Relationship to Applicant: (Pastor, Co-Worker, Teacher, Employer, Etc.)

Thank you for your cooperation in submitting this reference.

**LIFE BRIDGES, INC.
P.O. BOX 29
CLEVELAND, TN. 37364-0029
PHONE # (423) 472-5268**

Personal Reference Page

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.

Signed By: _____
(Applicant's Signature)

Date: _____

FOR EMPLOYER USE ONLY

Name of personal reference				
Phone Number				
How long have you known the applicant?				

Please rate the following characteristics as: Superior (S); Good (G); Fair (F); Poor (P)

Character & Integrity				
Dependability				
Cooperation				
Initiative				

If you were the hiring employer, would you have any reservations about hiring this person? Yes/No, if yes, could you explain?

Name of personal reference				
Phone Number				
How long have you known the applicant?				

Please rate the following characteristics as: Superior (S); Good (G); Fair (F); Poor (P)

Character & Integrity				
Dependability				
Cooperation				
Initiative				

If you were the hiring employer, would you have any reservations about hiring this person? Yes/No, if yes, could you explain?

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LIFE BRIDGES, INC.

EMPLOYEE CONSENT FOR DRUG AND ALCOHOL TESTING

I, _____, SS# _____,
hereby consent to a breath alcohol test or to provide a urine specimen or other type of specimen for the purpose of testing for the presence of prohibited drugs at a laboratory designated by my employer. I authorize the release of the test results to Medical Services or physician or laboratory designated by my employer and to my employer's designated representative who is responsible for the company's drug testing program. I also understand that should the test results be positive and confirmed, the Human Resources personnel will be so notified. I fully understand and agree that as a condition of employment, I must submit to required pre-employment and random drug screening. I understand that refusing to provide or tampering with a specimen, or providing false information on a specimen's chain of custody form, may constitute grounds for the termination of my employment. I understand that failure to pass the drug or alcohol test will result in disciplinary action up to and including termination.

I hereby release and discharge Life Bridges, Inc., its affiliates, associates, agents and contractors from all claims, damages and liability whatsoever arising from the request to furnish urine or other samples, the taking and testing of urine or other samples and the decision made affecting my application for employment based upon the results of the test. This consent and release shall be binding to my heirs, legal representatives and assigns.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed with this company.
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 taken the following drugs or substance within the last (2) two weeks (If none, write "NONE"):

<u>MEDICATION</u>	<u>PRESCRIBING PHYSICIAN</u>	<u>TELEPHONE NO.#</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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.

Signature: _____

Applicant's printed name _____

Witness: _____

Date/Time: _____

P.O. Box 29 * 764 Old Chattanooga Pike, SW * Cleveland, TN. 37364-0029 * (423) 472-5268

EMPLOYEE REFUSAL FOR DRUG OR ALCOHOL TESTING

I, _____, SS# _____,
do not consent to breath alcohol testing or to provide a urine or other specimen for the purpose of drug testing. I understand that refusal to participate in testing may result in my termination. I understand that if I decline to sign the Consent Form, thereby decline to take the test, the medical examination will be incomplete and my application for employment will be rejected.

Signature: _____

Witness: _____

Date/Time: _____

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. That commitment is jeopardized when and 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.*

Employee Signature

Date

LIFE BRIDGES, INC.
CRIMINAL RECORD INQUIRY

I, _____ hereby request that the Cleveland
City/Bradley

County Police Department provide, in writing, a report concerning any criminal record regarding me.

Signature Date _____

Race _____ Date of Birth _____ SS# _____

Present Address _____

Previous Addresses for the last 5 years of residence:

(1) _____

(2) _____

(3) _____

Maiden Name (if applicable) _____

To be completed by the Verifi, LLC

Status: _____ No Criminal Record _____ Possible Record

Offense _____ Sentence _____

Offense _____ Sentence _____

Offense _____ Sentence _____

On Parole: _____ Yes _____ No _____ Unknown

Signature Date _____