Alzheimer's & Dementia Services of Memphis, Inc.

For Office Use Only:

☐	Copy Picture ID & SSN	_____
☐	Criminal Background Check Release– CBC	_____
☐	Criminal Background Check– CCC	_____
☐	Elder Abuse Check	_____
☐	Fingerprints Sets	_____
☐	TBI/FBI Sent:	_____
☐	Interview:	_____
☐	W-4	_____
☐	I-9	_____
☐	Direct Deposit	_____
		_____

APPLICATION FOR EMPLOYMENT

(Please Print)

Date of Application: _____ Position Applying For: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

SS #: _____ Phone Number: _____

Date of Birth: _____ Cellular #: _____

Driver license # _____ State of Issue _____ Alias Names: _____

Height ____ Weight _____ Eye Color _____ Hair Color _____ Place of Birth: State _____

If offered a job: Email: _____

Would you accept part-time work? ☐ Yes ☐ No Date Available? _____

Hours available to work? _____

PERSONAL HISTORY:

Have you had any experience in caring for persons with Alzheimer's disease or Dementia?

☐ Yes ☐ No

If yes, please explain: _____

Have you ever been convicted of an offense "involving the physical, sexual, or emotional abuse, neglect, financial exploitation or misuse of funds; theft from any person" or conviction of an offense "involving violence against any person" or conviction of an offense "involving the manufacture, sale, possession or distribution of any drug", or "a no contest plea to such offenses, and/or have "any pending warrants, indictments or presentments for such offenses."

☐ Yes ☐ No

If yes, please explain: _____

_____

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EDUCATION AND TRAINING:
High School/GED

Name	Location	Dates Attended	Last Grade Completed	Did you graduate?

Colleges, Universities, Graduate School, Business Schools and other Higher Education:

Name	Location	Dates Attended	Semester Hours Completed	Degrees

List all professional licenses or certifications that you hold:

Name	Received From	Date Received	Does it expire?	Expiration Date

List any special skills, training, or interest not previously stated that may qualify you for a position with Alzheimer's Dementia Services of Memphis:

_____

_____

EMPLOYMENT HISTORY: List employers for the last five years with current job or most recent job first, ADS must have at least three references to contact:

Employer: _____

Address: _____ Telephone #: _____

Job Title: _____ Job Description: _____

Reason for Leaving: _____

Start Pay: $ _____ End Pay: $ _____ Start Date: _____ End Date: _____

May we contact this employer? ☐ Yes ☐ No ☐ Post Hire If no, what's the reason?

_____

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Employer: _____

Address: _____ Telephone #: _____

Job Title: _____ Job Description: _____

Reason for Leaving: _____

Start Pay: $ _____ End Pay: $ _____ Start Date: _____ End Date: _____

May we contact this employer? ☐ Yes ☐ No ☐ Post Hire If no, what's the reason?

_____

Employer: _____

Address: _____ Telephone #: _____

Job Title: _____ Job Description:_____

Reason for Leaving: _____

Start Pay: $ _____ End Pay: $ _____ Start Date: _____ End Date: _____

May we contact this employer? ☐ Yes ☐ No ☐ Post Hire If no, what's the reason?

_____

Employer: _____

Address: _____ Telephone #: _____

Job Title: _____ Job Description:_____

Reason for Leaving:_____

Start Pay: $ _____ End Pay: $ _____ Start Date: _____ End Date: _____

May we contact this employer? ☐ Yes ☐ No ☐ Post Hire If no, what's the reason?

_____

Employer: _____

Address: _____ Telephone #: _____

Job Title: _____ Job Description:_____

Reason for Leaving: _____

Start Pay: $ _____ End Pay: $ _____ Start Date: _____ End Date: _____

May we contact this employer? ☐ Yes ☐ No ☐ Post Hire If no, what's the reason?

_____

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Name: _____ Social Security #: _____

Date of Birth**:** _____

I hereby certify that:

This application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

- I am aware that Alzheimer's Dementia Services of Memphis will run a criminal court clerk background check, elder abuse check, and TBI/FBI background check and may ask for a drug test at any time. I will have to supply two pieces of identification at the time I am called to return for an interview. Acceptable pieces of identification include:

  - Drivers License
  - State ID Card
  - Government Picture ID
  - Voter Registration Card
  - U.S. Military Card
  - Birth Certificate
  - Social Security Card

- I am aware that, if at any time, an investigation discloses any misrepresentation or falsification, my application may be rejected, my employment may be terminated, and I may be disqualified from applying in the future with Alzheimer's Dementia Services of Memphis.

- **If employed by Alzheimer's Dementia Services of Memphis, I understand the following conditions of employment:**
  - Employment is not a fixed term and may be ended by me voluntarily or by the employer at any time.
  - After being offered a position, the first 180 days of employment is a probationary period, and the probationary status may be extended by the employer upon notification.
  - My facts and statements on the employment application are true and without omission. I understand that misrepresentation discovered upon or after employment is grounds for dismissal.
  - I authorize the employer to contact work references, law enforcement agencies, and the elder abuse registry in the cities where I have worked or lived.
  - Any Employment is conditional until all criminal background checks are returned by the elder abuse registry, TBI, FBI, and Criminal Court Clerk.

Signature: _____ Date: _____

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Applicant Name: _____

Signature: _____ Date: _____

Current Address: _____ City: _____ State: _____ Zip: _____

How long have you lived there?: _____

Previous Address(es) for last 12 months (please use back if additional space needed):

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Evidence of Educational Background (copy required):

High School: _____

College or University: _____

Training School: _____

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