



Human Resources Office
57 Conrad Drive
Jackson, TN 38305
731-664-0855

MHDS, Inc. Employment Application

Full Name: _____
Social Security Number: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____

Pre-Employment Requirements:

Answer yes or no to all questions.

- ☐ YES ☐ NO, Background is clear of felonies, misdemeanors, domestic violence &/or assault and abuse offenses.
☐ YES ☐ NO, I am free of illegal substances and can pass a Pre-Employment drug screen.

Note: We do random drug testing.

- ☐ YES ☐ NO, I have a current and valid Tennessee Drivers Licenses
☐ YES ☐ NO, For fleet vehicle insurance eligibility: I am age 21 or older.
☐ YES ☐ NO, I have a clear driving record.
☐ YES ☐ NO, I currently have, or can get either a savings or checking account for required paycheck direct deposit before hired.

If you marked NO on a question above, state the reason:

Employment Desired

Position:

- ☐ DSP (Direct Support Professional)
☐ Job Coach
☐ LPN (Licensed Practical Nurse)
☐ Administrative

Location:

- ☐ Bolivar
☐ Brownsville
☐ Jackson
☐ McNairy

Employment Type:

- ☐ Full-time
☐ Part-time

Shift Type:

- ☐ Days
☐ Nights
☐ Weekends

How did you hear about us?

- ☐ Referred ☐ Other
☐ Facebook
☐ Indeed

If referred, by whom: _____

If your relative is employed by MHDS, Inc., please list: _____



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What professional or personal experiences have you had with persons who have intellectual, developmental, physical, or mental disabilities?

Special Skills and Training (i.e.: CPR/FA, Relias, Medication Administration Certification, etc.):

Education

Education Level	Name & Location of School	Year Graduated	Type
High School			High School Diploma or GED
College			Associates or Bachelors Major: _____
Technical or Other			

Work History: We are required to contact **ALL EMPLOYERS** for the past 5 years.

Employment Dates	Company	Company Phone Number	Job Title	Reason for Leaving



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References: List 3 Personal & Professional references with one in each category who have known you for more than 5 years.

Personal References - i.e. Friends, Neighbors (No Family Members)	Relationship with Reference (No Family Members)	Years Acquainted	Phone Number
Professional References - i.e. Supervisor, Minister, Teacher, or Business Associate	Profession	Years Acquainted	Phone Number

Acknowledgment and Release

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. If I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the company's option.

I understand and agree that the company may change the terms and conditions of my employment, with or without cause, and with or without notice, at any time.

I understand that no company representative, other than the Chief Executive Officer, and then only when in writing and signed by the Chief Executive Officer, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Furthermore, I release my former/current employment sites and the personal references listed to give information surrounding my work performance and personal character to the Human Resources Representative of MHDS, Inc. for reasons of employment and personal character verification.

MHDS, Inc. assures that no person shall be excluded from participation in, be denied benefits, or be otherwise subjected to discrimination in the performance in the employment practices on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law.

A United Way Agency, Title VI, and an EEO Compliant Employer

Signature: _____

Date: _____



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Statement Authorizing Release of Information

Date: _____

Name of Agency & Region: _____ MHDS, Inc. & West _____

Full Name of Employee: _____

Previous/Alternate Names (nicknames, maiden name, etc.): _____

SS Number: _____ - _____ - _____

DL Number: _____

State of DL: _____

I, _____, certify and affirm that, to the best of my knowledge and belief, I **have / I have not (Circle One)** had or received a finding of a substantiated case of abuse, neglect, mistreatment or exploitation substantiated against me. In order to verify this affirmation, I further release and authorize MHDS, Inc., the Tennessee Department of Intellectual and Developmental Disabilities (DIDD), and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records as it pertains to any substantiated allegations against me of abuse, neglect, mistreatment or exploitation. This authorization extends to providing any applicable information concerning my employment with this employer to my future employers who may be providers of services under contract with the Bureau of TennCare or the Tennessee Department of Intellectual and Developmental Disabilities (DIDD).

Signature of Applicant: _____

Date: _____

Witness: _____

Date: _____