



Have you ever been refused a bond?  Yes  No

Have you ever been convicted, pled guilty or pled "No Contest" to a misdemeanor or felony (including DUI, DWI, etc.) in a court other than for a traffic violation?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you currently have any type of contract with another employer?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been discharged from a job or forced to resign?  Yes  No

If yes, please explain: \_\_\_\_\_

**Education**

Circle Highest Grade Completed	Name of School and Complete Address	Course of Study	
High School 9 10 11 12			Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
College 1 2 3 4			Degree
Vocational or Business School			Degree
Graduate School or Other Training			Degree

**Professional Licenses and Certifications**

Type of License	License #	State	Expiration Date

Have any of your Professional Licenses been revoked, suspended, limited, or not renewed in any state?  Yes  No  N/A

Have your clinical privileges at an institution ever been revoked, suspended, reduced, limited, voluntarily surrendered or not renewed in any state?  Yes  No  N/A

Have you ever been denied professional liability insurance?  Yes  No  N/A

Have any professional liability suits or claims ever been filed against you?  Yes  No  N/A

Has any malpractice claim ever resulted in a settlement or judgment against you?  Yes  No  N/A

If yes to any of the above questions, please explain: \_\_\_\_\_

List all additional experience, training, education, skills or qualifications related to the position for which you are applying:

Typing \_\_\_\_\_ WPM

Secretarial / Admin. Asst.

Computer Software:

Medical Terminology

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

Patient Care

Supervision

Accounting / Bookkeeping

Mechanical / Electrical

Medical Transcription / Coding

Other \_\_\_\_\_

**Employment History**

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. If work experience has not been continuous, please explain. Resumes may not be substituted for completion of this section of the application. Incomplete applications will not be considered. Use additional page, if needed.

May we contact your present employer?     Yes     No

Employer _____ Address _____ City/State/Zip _____ Phone _____ Supervisor _____ Dates Employed _____ Salary/Pay _____	Position _____ Responsibilities _____ _____ _____ Reasons For Leaving _____ Start _____ End _____
Employer _____ Address _____ City/State/Zip _____ Phone _____ Supervisor _____ Dates Employed _____ Salary/Pay _____	Position _____ Responsibilities _____ _____ _____ Reasons For Leaving _____ Start _____ End _____
Employer _____ Address _____ City/State/Zip _____ Phone _____ Supervisor _____ Dates Employed _____ Salary/Pay _____	Position _____ Responsibilities _____ _____ _____ Reasons For Leaving _____ Start _____ End _____

**References (Non-Relative)**

Name	Address	Phone

**Applicant's Statement**

Are you able to perform the essential functions of the job for which you are applying as set forth in the Job Description?

Yes     No

I certify that I have read the job description which sets forth the essential functions of the job for which I am applying. I authorize and give my permission for the Company to seek and obtain a motor vehicle report as well as a criminal investigative report.

I consent to a pre-employment drug screen. I also understand that any job offer is contingent on passing a job-related physical examination.

I hereby declare that the information provided by me in this application is true, accurate, and complete. I understand that any misstatement, misrepresentation (including omissions) or falsification of this information is grounds for refusal to hire, or for termination if discovered after being hired. I authorize the Company to request, receive and verify all information given in this application, except as specified, and release all such parties from any liability for damage that may result from furnishing such information to the Company.

If I should be hired, I agree to comply with the rules, regulations, policies and procedures of the Company and acknowledge that these policies/rules regulations may be changed, interpreted, withdrawn or added to by the Company at the Company's sole option and without any prior notice to me. I understand that this employment application and any other Company documents are not promises or guarantees of employment for any specified period of time, and understand that my employment is at will and can be terminated with or without cause at any time by the Company or myself. I further understand that if I am offered employment, I will be required to furnish proof of employment eligibility as either a U.S. citizen or a legal alien.

I also agree to sign a confidentiality, conflict of interest, and non-solicitation agreement if hired. I agree that this application shall be considered active for no more than 90 days. After that time, I must resubmit a completed application to be considered for employment.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

In order to satisfactorily review your background with previous employers and your education, etc., we need to know if you have ever changed your name and the date it was changed.

Previous Name(s), if any \_\_\_\_\_

Date of Change(s) \_\_\_\_\_

AGREEMENT, AUTHORIZATION AND CONSENT  
FOR RELEASE OF BACKGROUND INFORMATION

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Last Name	First Name	Middle Name
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Understand that in conjunction with my application for employment, work to be performed under contract, promotion, reassignment, and/or retention ("Employment"). Homecare, Inc. will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to Homecare, Inc. The approved pre-employment screening agency is also a consumer reporting agency and is Homecare's agent to perform its Employment related background investigations.

The approved screening agency will utilize various sources of information it deems appropriate including but not limited to credit reporting agencies, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Homecare, Inc.

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Signed	Today's Date
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Printed Name	Birth Date
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Social Security Number	Drivers License Number	State
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Other names you have used or also known as:

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Current & Previous Residential Addresses for the Past 7 years:

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Street Address	City	ST	Zip Code	How Long?
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Street Address	City	ST	Zip Code	How Long?
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Street Address	City	ST	Zip Code	How Long?
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**Application Addendum – MVR**

**(This Addendum must be filled out and submitted with the Employment Application)**

1. If the job for which you are applying requires you to use your automobile, you will be required to carry a minimum of \$50,000/\$100,000 limit liability coverage on your personal automobile insurance.

Would you be willing to do so as a condition of your employment?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. Do you have a current valid Driver's License?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Name as it appears on Driver's License: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

**Failure to accurately fill out this addendum and to provide all information requested can result in disqualification of your application.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

I ( ) HAVE ( ) HAVE NOT BEEN EMPLOYED BY ANY FACILITY ON THE LIST BELOW.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**MANAGED NURSING FACILITIES**

**(NURSING HOMES)**

Applingwood Health Care 1536 Appling Care Lane Cordova, TN 38016	McKenzie Health Care 175 Hospital Drive McKenzie, TN 38201
Bethesda Health Care Center 444 One Eleven Place Cookeville, TN 38506	McNairy Co. Health Care 835 E. Poplar Ave. Selmer, TN 38375
Bright Glade Conv. Center 5070 Sanderlin Ave. Memphis, TN 38117	Meadowbrook H.C.C. 1245 East College St. Pulaski, TN 38478
Clarksville Nurs. & Rehab 2134 Old Ashland City Rd Clarksville, TN 37043	Millennium Nurs. & Rehab 5275 Millennium Dr. Huntsville, AL 35806
Court Manor Nursing Ctr 1414 Court Memphis, TN 38174	Mt. Juliet Health Care 2650 N. Mt. Juliet Rd. Mt. Juliet, TN 37122
Covington Care Nurs. & Rehab 675 Bert Johnson Ave. Covington, TN 38019	Northbrooke Healthcare 121 Physicians Dr. Jackson, TN 38305
Covington Manor 1992 Hwy 51 South Covington, TN 38019	Northside Health Care 202 East MTCS Road Murfreesboro, TN 37129
Crestview Health Care 704 Dupree St. Brownsville, TN 38012	Paris Manor 800 Volunteer Dr. Paris, TN 38242
Cumberland Manor 4343 Hydes Ferry Pike Nashville, TN 37218	Rosewood Manor 1400 Rosewood Dr. Columbia, TN 38401
Decatur Co. Manor 726 Kentucky Ave. Parsons, TN 38363	Savannah Health Care 1645 Florence Road Savannah, TN 38372
Dyersburg Manor 1900 Parr Ave Dyersburg, TN 38024	Union City Manor 1630 E. Realford Ave. Union City, TN 38261
East TN Health Care 465 Isbill Road Madisonville, TN 37354	VanAyer Healthcare 640 Hannings Lane Martin, TN 38237
Forrest Cove Manor 45 Forest Cove Jackson, TN 38301	Vanco Manor 813 South Dickerson Blvd. Goodlettsville, TN 37072
Humboldt Manor 2031 Avondale Rd Humboldt, TN 38343	Waverly Healthcare Center 895 Powers Blvd. Waverly, TN 37185
Lewis County Manor 119 Kittrell St Hohenwald, TN 38452	Westwood Health Care Center 524 W. Main St Decaturville, TN 38329
Lexington Manor 727 East Church St. Lexington, TN 38351	West TN Transitional Care 670 Skyline Drive Jackson, TN 38301

**TENNESSEE QUALITY HOMECARE**

**Home Health**

Camden – Parent Office NW  
117 Hummingbird Circle  
Camden, TN 38320

Clarksville Branch  
1100 B. Ted Crozier Blvd.  
Clarksville, TN 37043

Dover Branch  
322 Church St.  
Dover, TN 37058

Martin Branch  
215 Hawks Road, Suite 12  
Martin, TN 38237

McKenzie Branch  
20 McCain St.  
McKenzie, TN 38201

Paris Branch  
208 Dunlap Street  
Paris, TN 38242

Trenton Branch  
1709 S. College St.  
Trenton, TN 38382

Waverly Branch  
328 E. Main Street  
Waverly, TN 37185

Parsons – Parent Office SW  
580 TN Ave N.  
Parsons, TN 38363

Henderson Branch  
116 East Main Street  
Henderson, TN 38340

Hohenwald Branch  
28 East Main Street  
Hohenwald, TN 38462

Jackson Branch  
29 North Star Drive, Suite B  
Jackson, TN 38305

Linden Branch  
847 Squirrel Hollow Drive  
Linden, TN 37096

Waynesboro Branch  
905 Andrew Jackson Dr., Suite B  
Waynesboro, TN 38485

**Hospice**

Camden – Parent Office  
207B Hwy 641 North  
Camden, TN 38320

Jackson Office  
29 North Star Drive, Suite F  
Jackson, TN 38305

Martin Office  
215 Hawks Rd., Suite 12  
Martin, TN 38237

Waynesboro Office  
540 Hwy 64 East  
Waynesboro, TN 38485

**ASSISTED LIVING FACILITIES**

Hickory Woods Retirement Center  
84 Uterback Road  
Murray, KY 42070

**AFFILIATES**

AmPharm  
TN Ave North  
Parsons, TN 38363

Rehab America  
133 Jordan Ave.  
Parsons, TN 38363

Diabetes Direct  
1657 Murfreesboro Rd  
Nashville, TN 37229-0309

AmMed, Inc.  
P.O. Box 457  
Parsons, TN 38363

American Medical Supply  
135 Jordan Lane  
Parsons, TN 38363

Behavioral Healthcare Centers, LLC  
458 Hannings Ln  
Martin, TN 38237