PACESETTERS, INCORPORATED APPLICATION FOR EMPLOYMENT (Please Print Legibly)

Email application to: recruiter@pacesetterstn.com Fax: Attention: Recruiter @ 931-537-9916

Mission Statement: To empower and support people with disabilities and their families to lead enriched and fulfilled lives.

Application Date:			-	Position Desired:							
[] Full-Time [] Part-Time County:MaconOvertonPutnamWarrenWhite (City Area) (Lafayette) (Livingston) (Cookeville) (McMinnville) (Sparta)							•				
Referred to Pacesetters by How did you hear about us?											
What made you choose Pacesetters for employment opportunities?											
P E R S	Last Name First Name Middle Name						Home Phone () Cell Phone ()				
	Street Address						Work Phone () Email:				
	City State Zip Code						Social Security Number				
							Entered at Interview				
	Are you legally eligible for employment in the United States?						When will you be available to begin work?				
O N A L	In order to permit a check of your work and educational records, should we be made aware of any name changes or assumed name(s) that you previously used (including maiden name) within the last 7 years? [] Yes, [] No. If YES list name(s) and specific dates:										
I N F O R M A	Name Specific Years Used (From XXXXX to XXXXX)										
	Specific Years Used (From XXXX to XXXX) Some positions will require that you work a flexible schedule with mandatory overtime as needed. Will you work overtime if asked? [] Yes [] No Are there any hours, shifts or days you will not work? [] Yes [] No If YES, please explain:										
	Do you have transportation to work? [] Yes, [] No Do you have a valid TN Driver's License? [] Yes [] No Di Number: Entered at Interview.										
	DL Number: Entered at Interview										
Ī	Have you ever before been employed with Pacesetters? [] Yes, Dates [] No										
O N	Have you previously applied with Pacesetters? [] Yes, Dates [] No										
1	Name(s) at the time previously employed/applied:										
	Have you had work experience in the field of disabilities? [] Yes, Where? [] No										
	IN CASE OF AN EMERGENCY, WHO SHOULD WE NOTIFY? Name: Telephone: () Relationship:										
	Street Address: City/State/Zip:										
E D U C A T	School		Name of School, C	City and Sta	te	Course of Study	Years Completed	Did you Graduate?	Diploma or Degree		
	High School										
I O N	College										
	Vocational School										

PROFESSIONAL CERTIFICATION / REGISTRATION / LICENSURE								
Please describe any specialized training, apprenticeship, certifications, registrations, or licensures you may have: Attach a copy.								
PERSONAL REFERENCES (Must list 3 Non-Relatives with 1 having known you for at least 5 years)								
Name:Occupation:	Relationship:							
Yrs. Known: Day Phone: ()	Night Phone: ()							
Name:Occupation:	Relationship:							
Yrs. Known: Day Phone: ()	Night Phone: ()							
Name:Occupation:	Relationship:							
Yrs. Known: Day Phone: ()	Night Phone: ()							
The Section BELOW for Pacesetters Use Only								
1.								
•								
2.	_							
3								
EMPLOYMENT Please give an accurate or complete full-time and part-time.								
A CONTINUOUS ACCOUNT OF EMPLOYMENT FOR PAST 5 YEARS IS REQUIRED STARTING WITH CURRENT OR	employment record. Start with most recent employer. We must have a continuous account of employment for							
LAST EMPLOYER. ALL GAPS IN EMPLOYMENT MUST BE EXPLAINED.	past 5 years.							
May we contact you at your place of employment? [] Yes [] No May we contact your current employer? [] Yes [] No Previous Employer(s)? [] Yes [] No								
If NO, please list any exceptions and/or reasons for not contacting curre								
Company Name	Telephone ()							
Address (street, city, state)	Employed – (Give month and year) From: To:							
Name of Supervisor	Weekly Pay Start: Last:							
State Job Title and Describe Your Work	Reason for Leaving							
This Section for Pacesetters Use Only								
Date: Person Contacted/Title:								
Is individual eligible for re-employment? [] Yes [] No If no, why?								

EMPLOYMENT

A CONTINUOUS ACCOUNT OF EMPLOYMENT FOR PAST 5 YEARS IS REQUIRED STARTING WITH CURRENT OR LAST EMPLOYER. ALL GAPS IN EMPLOYMENT MUST BE EXPLAINED.

Please give an accurate or complete full-time and part-time employment record. Start with your present or most recent employer. We must have a continuous account of employment for past 5 years.

Company Name	Telephone ()						
Address (street, city, state)	Employed – (Give month and year) From: To:						
Name of Supervisor	Weekly Pay Start: Last:						
State Job Title and Describe Your Work	Reason for Leaving						
This Section for Pacesetters Use Only							
Date: Person Contacted/Title:							
Is individual eligible for re-employment? [] Yes [] No If no	o, why?						
Company Name	Telephone ()						
Address (street, city, state)	Employed – (Give month and year) From: To:						
Name of Supervisor	Weekly Pay Start: Last:						
State Job Title and Describe Your Work	Reason for Leaving						
This Section for Pacesetters Use Only							
Date: Person Contacted/Title:							
Is individual eligible for re-employment? [] Yes [] No If no, why?							
Company Name	Telephone						
Address (street, city, state)	() Employed – (Give month and year)						
Name of Supervisor	From: To: Weekly Pay						
State Job Title and Describe Your Work	Start: Last: Reason for Leaving						
This Section for Pacesetters Use Only							
Date: Person Contacted/Title:							
Is individual eligible for re-employment? [] Yes [] No If no, why?							
To individual original for to-orriproyment: [] Too [] No in tio, with:							

EMPLOYMENT

A CONTINUOUS ACCOUNT OF EMPLOYMENT FOR PAST 5 YEARS IS REQUIRED STARTING WITH CURRENT OR LAST EMPLOYER. ALL GAPS IN EMPLOYMENT MUST BE EXPLAINED.

Please give an accurate or complete full-time and part-time employment record. Start with your present or most recent employer. We must have a continuous account of employment for past 5 years.

Company Name	Telephone ()				
Address (street, city, state)	Employed – (Give month and year) From: To:				
Name of Supervisor	Weekly Pay Start: Last:				
State Job Title and Describe Your Work	Reason for Leaving				
This Section for Pacesetters Use Only					
Date: Person Contacted/Title:					
Is individual eligible for re-employment? [] Yes [] No If no, why?					
Please explain reasons for gaps of employment:					
APPLICANT'S	S STATEMENT				
Certification and Release: I certify that I have read and understand the application note on this page and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or it agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history, and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.					
**READ THIS SENTENCE CAREFULLY BEFORE CHOOSING HAVE OR HAVE NOT:					
**I the undersigned applicant certify and affirm that, to the bes or I have, as applicable, had a case of abuse, negleme."					
This application will remain active for 90 days. Any applicant values must reapply.	wishing to be considered for employment beyond ninety (90)				
Applicant Signature:	Date:				

PACESETTERS, Inc. is an Equal Opportunity Employer and makes employment decisions based solely upon applicant's qualifications, without regard to race, color, age, sex, religion, national origin, disability or marital status.