



THERAPEUTIC INTERVENTIONS, INC.
EMPLOYMENT APPLICATION
(All applications must be completed in person)

Date: _____

Region/Branch: _____

Salary Requirement: _____

Employment Source:

_____ Walk-In

_____ Employee Referred (name): _____

_____ Newspaper (name): _____

_____ Agency (name): _____

Basic Information:

Last Name: _____ First Name: _____ M.I. _____

Address: _____

Home Phone #: _____ Business Phone #: _____

Social Security #: _____ Cell Phone #: _____

Please list by preference if you are applying for more than one position.

Position: _____

Position: _____

Option:

As opposed to an employee position, I am interested in contracting with TII as a
_____. My services would be available as of
(date) ____/____/____.

Residential History

The state of Tennessee states that all providers must request that this information must be completed in order to facilitate state mandated background checks on all provider employees.

Last Name: _____ **First Name** _____ **M.I.** _____

Please list your last five addresses, making number #1 your current address

Street Name & Number	City	County/State	# of Years
1.			
2.			
3.			
4.			
5.			

Work History

Beginning with your present or most recent job, accurately describe at least three major responsibilities, in order of importance, associated with your position. Please note any changes in positions during your employment within that agency. You may wish to include any volunteer or part-time experience important to establishing qualifications for employment. You may attach an employment resume as supplemental information to your application.

Job "A"

Name of Employer: _____

Address/Phone No: _____

Title of Position: _____

Employed from: Month: _____ Year: _____ to Month: _____ Year: _____

Hours worked per week: _____ I supervised _____ employee(s)
(number)

Starting annual salary: \$ _____ Ending salary: \$ _____

Name of immediate supervisor/phone number: _____

Reason for leaving: _____

Please use space below to describe your job responsibilities:

Job "B"

Address/Phone No: _____

Title of Position: _____

Employed from: Month: _____ Year: _____ to Month: _____ Year: _____

Hours worked per week: _____ I supervised _____ employee(s)
(number)

Starting annual salary: \$ _____ Ending salary: \$ _____

Name of immediate supervisor/phone number: _____

Reason for leaving: _____

Please use space below to describe your job responsibilities:

Job "C"

Name of Employer: _____

Address/Phone No: _____

Title of Position: _____

Employed from: Month: _____ Year: _____ to Month: _____ Year: _____

Hours worked per week: _____ I supervised _____ employee(s)
(number)

Starting annual salary: \$ _____ Ending salary: \$ _____

Name of immediate supervisor/phone number: _____

Reason for leaving: _____

Please use space below to describe your job responsibilities:

Job "D"

Name of Employer: _____

Address/Phone No: _____

Title of Position: _____

Employed from: Month: _____ Year: _____ to Month: _____ Year: _____

Hours worked per week: _____ I supervised _____ employee(s)
(number)

Starting annual salary: \$ _____ Ending salary: \$ _____

Name of immediate supervisor/phone number: _____

Reason for leaving: _____

Please use space below to describe your job responsibilities:

Other:

Please list any volunteer experience you have had: _____

Please list any professional groups or organizations that you belong to: _____

Educational Background:

Are you a high school graduate? Yes: _____ No: _____

If no, do you have a GED certificate: Yes: _____ No: _____

If you answered 'no' to both of the above, what is the highest grade you completed?

Schools attended after high school: College, University, Business or Technical School.

Name/Location of School	Total Hours	Did you Graduate?	Type of Degree?	Major Field of Study:

In the space provided below, please list additional educational information or certifications that you feel are applicable to your employment with our agency:

Please list the computer software programs you have experience using in the workplace. Rate your competence 1-5 with 5 representing a high level of proficiency.

Are you legally eligible to work in the United States? Yes: _____ No: _____

For the purpose of compliance with EEO Regulations, have you ever served in the Armed Forces of the United States? Yes: _____ No: _____

If yes, when and which branch? _____

Have you ever been disciplined by an employer or discharged for misconduct from employment? Yes: _____ No: _____

If yes, please explain:

Since your 18th birthday, have you been convicted of a crime or required to register as a sexual offender? Yes: _____ No: _____

If yes, please explain:

Please List Five References 2 work, 3 personal:

Please "Do Not" use more than one relative.

Name of Reference	Address	Phone	Years

Criminal Background:

Have you ever been convicted, forfeited bond, or are you currently on probation for any felony in a court of law or general court-martial? (A felony is defined as an offense punishable by imprisonment for a term exceeding one year.)

Yes: _____ No: _____

If yes, give details on a separate sheet for each offense, including:

1. Date 2. Charge 3. Place 4. Court 5. Action Taken

You must disclose any conviction involving a sentence or suspended sentence. You may omit: 1. Any offense committed before your 18th birthday, which was finally adjudicated in a juvenile court; 2. Any conviction, which has been expunged under federal or state law.



- Nashville
- Chattanooga
- Cookeville
- Residential
- Corporate Office

THERAPEUTIC INTERVENTIONS, INC.

RELEASE OF INFORMATION STATEMENT

I authorize **Therapeutic Interventions, Inc.** to make all necessary investigations concerning my actions and myself in order to assess my eligibility for employment with the agency.

I further authorize the release of records or other materials pertinent to my qualifications and authorize and request each former employer, reference source, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with my eligibility for employment. I release all such entities and their agents from liability on account of the disclosures sought in connection with my eligibility for employment.

Name of Applicant (please print)

Signature of Applicant

Social Security Number

Driver's License Number

Date

I certify that the information given in this application is true and complete to the best of my knowledge. I am aware that should investigation show any false, misleading or deliberate incomplete information, I will not be considered for employment or, if employed, will be considered grounds for immediate discharge from employment.

Nothing on this application is intended to create or imply a contractual relationship. If hired, the employee understands that employment is at will; and is, therefore, not for any specific time period or duration, and can be terminated with or without reason, at any time.

Therapeutic Interventions, Inc. is an equal opportunity employer. All information received from this form will be treated confidentially.

Signature of Applicant

Date