

**Detention Health Care  
Associates, Inc.**

P.O. Box 5314  
Maryville, TN 37802-5314  
865.607.9419 FAX: 865.982.3218

**EMPLOYMENT  
APPLICATION**

**GENERAL INFORMATION**

**Detention Health Care Associates, Inc., (DHCA) is an equal opportunity employer** and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in employment opportunities and benefits.

Prior to completing this application for employment, read it thoroughly and be prepared to respond to every section as truthfully as possible. As you complete the application, please bear in mind the following:

- **DHCA reserves the right to check all information for accuracy and completeness.**
- **If you need accommodation in order to complete this application, please notify the DHCA CEO, or his designee, immediately upon presenting the application.**
- **A completed application is required. If an item requested does not apply to you, do not leave it blank but write N/A in the space.**
- **Any misstatements, misrepresentations, or omissions by you will be cause for disqualification from employment consideration.**
- **PRINT all information so that it is legible – DO NOT TYPE.**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_(Home)  
\_\_\_\_\_ (Business)

Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Code

Position Desired: \_\_\_\_\_

Do you have a legal right to work in the United States? Yes \_\_\_ No \_\_\_

Are you willing to work shift work including weekends, holidays, and overtime? Yes \_\_\_ No \_\_\_

**EDUCATION AND TRAINING**

Do you have a high school diploma or have passed a GED? Yes \_\_\_ No \_\_\_

Date received: \_\_\_\_\_ If you answered yes, where did you graduate or receive your GED? \_\_\_\_\_

List below all colleges, universities, or other advanced training you have attended, including hours attended or degrees:

<b>College/University/ Trade or Business School Attended</b>	<b>City and State</b>	<b>Degree Earned? If So, Type of Degree</b>	<b>Major Area(s) of Study</b>

List other training received such as special courses, work training programs, armed forces training, etc.

List special qualifications and skills such as licenses, certifications, etc.

Based on a review of the description for the position for which you are applying, are you able to perform the essential functions of the job? (Please note that you may later be asked to demonstrate your ability to perform the essential functions)

\_\_\_ Yes, but I will need reasonable accommodations in order to perform the essential functions.

\_\_\_ Yes, and I will not need reasonable accommodations in order to perform the job.

Please describe any accommodations you will need in order to adequately perform the essential functions of the position:

List three (3) persons (other than relatives or former employers) who have knowledge of your

character and/or abilities:

Name	Mailing Address	Years Known	Phone Number

**PRIOR EMPLOYMENT**

List below present and past employment information for the past five years, beginning with your present or most recent employer, and work backwards.

Name and Address of Current or Most Recent Employer:	
Phone Number:	
Name of Supervisor: Your job title and responsibilities (briefly):	
Date Hired:	Date Left (if no longer employed):
Reason(s) for Leaving:	
Starting Salary:	Current or Last Salary:

Name and Address of Previous Employer:
Phone Number:

Name of Supervisor: Your job title and responsibilities (briefly):	
Date Hired: Reason(s) for Leaving:	Date Left:
Starting Salary:	Ending Salary:

Name and Address of Previous Employer:	
Phone Number:	
Name of Supervisor: Your job title and responsibilities (briefly):	
Date Hired: Reason(s) for Leaving:	Date Left:
Starting Salary:	Ending Salary:

Name and Address of Previous Employer:	
Phone Number:	
Name of Supervisor: Your job title and responsibilities (briefly):	
Date Hired: Reason(s) for Leaving:	Date Left:
Starting Salary:	Ending Salary:

**If you need more pages to complete this section, make a copy(s) of this page and attach to the application.**

**CRIMINAL AND TRAFFIC INFORMATION**

**Complete the following for each criminal conviction (felony or misdemeanor, regardless of disposition). Use supplemental pages if necessary.**

Offense: \_\_\_\_\_  
Misdemeanor \_\_\_ Felony \_\_. Agency of Occurrence: \_\_\_\_\_  
Disposition (paid fine, plead guilty, found not guilty, found guilty, etc.): \_\_\_\_\_

Offense: \_\_\_\_\_  
Misdemeanor \_\_\_ Felony \_\_. Agency of Occurrence: \_\_\_\_\_  
Disposition (paid fine, plead guilty, found not guilty, found guilty, etc.): \_\_\_\_\_

Have you ever been placed on court ordered probation as an adult? Yes \_\_\_ No \_\_. If yes, please include details (include when, where, why):

Driver license number: State: \_\_\_\_\_ Number: \_\_\_\_\_

**MILITARY**

Have you ever served in a regular component of the armed forces? Yes \_\_\_ No \_\_.  
If yes, what branch of service? \_\_\_\_\_  
Dates served: From \_\_\_\_\_ To \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_  
Duties and skills obtained while serving in the military:

Were you subject to any demotion or other disciplinary action while in military service?  
Yes \_\_\_ No \_\_. If yes, please explain:

Please indicate your highest rank, any awards or commendations, special schools, etc.:

Are you a member of the Military Reserves or National Guard? Yes \_\_\_ No \_\_. If yes, which unit and its location:

**IMPORTANT**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date. All application materials, without exception, become the property of the Blount County Sheriff's Office.

\_\_\_\_\_  
Applicant Signature Date

<b>Detention Health Care Associates, Inc.</b> P.O. Box 5314	<b>AUTHORIZATION TO RELEASE</b>
--	-------------------------------------

**This *Authorization to Release Information Form* must be attached to the completed *Employment Application* before it can be processed. Read this form thoroughly before signing and understand that it authorizes Detention Health Care Associates, Inc., to do an investigation into your background to ensure that you meet the professional standards demanded of employment with Detention Health Care Associates, Inc.**

I, \_\_\_\_\_, have made application to Detention Health Care Associates, Inc., and am required to furnish satisfactory references, record of military service (if appropriate), present and former employers, and authority for a background check. I hereby authorize you, your agents, or employees to furnish the CEO of Detention Health Care Associates, Inc., or his designee, a history of my employment or any other information you may have concerning my personal character, habits, ability, and background.

I also authorize you, your agents, or your employees to furnish Detention Health Care Associates, Inc., any and all information which may be privileged, and authorize (for applicants with a military background) the National Records Center in St. Louis, MO, or any other custodian of my military records, to release information or photocopies of them to Detention Health Care Associates, Inc., including all records pertaining to drug or alcohol information or any undeleted DD Form 214 (Certificate of Release or Discharge from Active Duty) that has the reenlistment code (RE), the type and reason for discharge, and all disciplinary actions.

In consideration of your action in complying with this request, I hereby release you, your agents, and your employees from any liability for damages of any kind which may at any time result to me by reason of compliance with the above request, or any attempt to comply with the same, whether such damage be due to negligence or error on the part of you or any of your employees, or due to any other cause whatsoever.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant Authorizing Release

\_\_\_\_\_  
Applicant's Social Security Number

**DETENTION HEALTH CARE ASSOCIATES,  
INC.**

**Voluntary Statistical Recruitment Information**

