



EMPLOYMENT APPLICATION

Name: _____ Date: _____
(Last) (First) (M.I.)

Address: _____
(Street) (Apt #)

(City) (State) (Zip Code)

Home Phone Number: _____ Social Security Number : _____

Cell Phone Number: _____ Email Address: _____

When are you available to begin working?: _____

Are you 21 years old or over? ____ Yes ____ No Are you 18 years old or over? ____ Yes ____ No

Are you eligible to work in the United States? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please explain and give dates: _____

Have you ever been convicted of any sex-related or child/adult abuse-related offenses? Yes ____ No ____
If yes, please explain and give dates: _____

Have you ever been employed here before? ____ No ____ Yes Dates employed: _____

Do you have a valid Driver's License? ____ Yes ____ No
If yes, License # _____ State Issued _____

Do you have 3 or more years of driving experience: Yes ____ No ____

Position(s) Applying For:

- Direct Support Professional Program Manager
 Home Health Aide/CNA (requires certification) Other: _____
 LPN/RN

Referral Source:

- Advertisement Employee, please list name here: _____
 Job Fair Walk-In
 Tangram Website Other: _____

5155 Pennwood Drive, Indianapolis, IN 46205
Office: (317)571-1042 ♦ Fax: (317)571-1043 ♦ www.thetangramway.org

Equal Opportunity Employer

AVAILABILITY

I understand that I may be scheduled to work with any of Tangram's consumers in any department regardless of location. I understand that I have no guarantees as to which department I will be assigned and that my assignment and shift may change on a daily basis, including hours/shifts worked. _____ (initial)

I prefer to work:

- Full-Time: 40 hours per week
 Part-Time: number of hours per week _____
 PRN: as needed

I am available to work the following shifts. Check all that apply:

- 1st Shift ~ Days, typically between the hours of 6am-5pm
 2nd Shift ~ Evenings, typically between the hours of 1pm-12am
 3rd Shift ~ Overnights, typically between the hours of 10pm-9am

I am available to work the following days. Check all that apply:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
- I can work **every** weekend (Saturday & Sunday).
 I can work **every other** weekend (Saturday & Sunday).
 I am NOT available to work: _____

EDUCATION

School	Name of School	City and State	Years Completed	Graduated Yes/No	Course/Degree Earned
High School					
College/ University					
Graduate School					
Other (CNA training, etc.)					

SKILLS AND QUALIFICATIONS

Summarize any special skills, licenses, certifications and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

WORK EXPERIENCE

Please list your three most recent employers below, starting with your current or most recent job.

*Please note that any omission or misstatement of employment information will result in disqualification or if hired, immediate termination regardless of the date of discovery.

Employer: _____	Address: _____
Telephone: () _____	Supervisor: _____
From: _____ To: _____	Salary/Hourly Rate: _____
Job duties: _____	

Reason for Leaving: _____	

May we contact this employer? Yes _____ No _____	

Employer: _____	Address: _____
Telephone: () _____	Supervisor: _____
From: _____ To: _____	Salary/Hourly Rate: _____
Job duties: _____	

Reason for Leaving: _____	

May we contact this employer? Yes _____ No _____	

Employer: _____	Address: _____
Telephone: () _____	Supervisor: _____
From: _____ To: _____	Salary/Hourly Rate: _____
Job duties: _____	

Reason for Leaving: _____	

May we contact this employer? Yes _____ No _____	

Comments (include explanation of any gaps in employment or involuntary terminations):

**CONSENT FOR POST OFFER DRUG TESTING,
PHYSICAL EXAM AND RELEASE OF INFORMATION**

Consistent with the company's Alcohol and Drug Testing Policy, we require pre-employment drug screening of all applicants who have been offered employment.

In order to be considered for employment with the company, I understand that I must submit to a post offer drug test and/or physical examination as part of the employment process, and that the drug test must result in a negative finding for the illegal use of a controlled or synthetic substance.

I hereby consent to provide a urine and/or blood test, although not limited to, at a location and within a time frame as specified by the company. I understand that my failure to consent to drug testing at the time and location specified by the company requires that I be removed from further consideration for employment.

I agree to release and hold harmless the company, its representatives, its agents, its associates and the specified testing facility from any and all liability and damages resulting or arising from a drug test or physical examination, or in connection with any action taken by the company in reliance upon the test or examination results, or from the release of the results of any such test or examination. I also give my consent to release the post offer drug test results and other test related information to the company, its representatives, its agents, its associates and the specified testing facility.

Signature of Applicant: _____ Date: _____

ACKNOWLEDGEMENTS / AUTHORIZATIONS

I authorize Tangram and its designated representative to investigate all of the information in this application, including reference inquiries concerning my employment and education record. I understand and agree that an omission or misstatement of any of the information requested will result in disqualification or if hired, immediate termination regardless of the date of discovery.

I understand the employment process will include appropriate background checks, including State and County Criminal History Reports, an Indiana Online Licensing Search, a Sex and Violent Offenders Directory Search, a Department of Health and Human Services OIG Background Check, and Driving Record Search. Information must meet agency/regulatory guidelines. A conviction record will not necessarily disqualify me from employment.

I understand that Tangram is an Equal Opportunity Employer. Tangram does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application does not constitute an employment contract or an offer of employment. The employment of any person at Tangram can be terminated with or without cause and without notice, at any time, at the option of either the employee or Tangram.

Signature of Applicant: _____ Date: _____



5155 Pennwood Drive
 Indianapolis, IN 46205
 Phone: (317) 571-1042
 Fax: (317) 571-1043

REFERENCE CHECK FORM

Dear Reference Contact,
 Please answer the following questions regarding the applicant listed on this form. This information will be very helpful to us in our selection process. We appreciate your time, effort and candor in providing us with this valuable information.

To be completed by applicant: Please provide the following reference information. We need a minimum of **TWO (2) Professional/Employment References** to consider your application. Please print.

Applicant Name _____ Position Applied For _____
 Professional/Employment Reference: _____ Personal Reference _____
 Name _____ Business: _____
 Address _____ City _____ State _____ Zip _____
 Phone: _____ Fax: _____

I hereby authorize Tangram to contact the above named reference and release Tangram and the above-mentioned reference from any liability resulting from the information gathered.

Applicant Signature _____ Date: _____

To be completed by above mentioned employer or individual:

Position title: _____ Hire date _____ Termination Date _____
 Responsibilities: _____
 Reason for termination: _____

Eligible for Rehire: Yes No

Please rate the following by circling your response:

Attendance	Excellent	Above Average	Average	Below Average
Job Performance	Excellent	Above Average	Average	Below Average
Response to pressure	Excellent	Above Average	Average	Below Average
Interpersonal skills	Excellent	Above Average	Average	Below Average
Overall rating	Excellent	Above Average	Average	Below Average

Comments: _____

The information I have given is accurate to the best of my knowledge:

Information received from _____ Date _____
 Authorized signature _____ Title or Relationship _____
 Company _____



5155 Pennwood Drive
 Indianapolis, IN 46205
 Phone: (317) 571-1042
 Fax: (317) 571-1043

REFERENCE CHECK FORM

Dear Reference Contact,
 Please answer the following questions regarding the applicant listed on this form. This information will be very helpful to us in our selection process. We appreciate your time, effort and candor in providing us with this valuable information.

To be completed by applicant: Please provide the following reference information. We need a minimum of **TWO (2) Professional/Employment References** to consider your application. Please print.

Applicant Name _____ Position Applied For _____
 Professional/Employment Reference: _____ Personal Reference _____
 Name _____ Business: _____
 Address _____ City _____ State _____ Zip _____
 Phone: _____ Fax: _____

I hereby authorize Tangram to contact the above named reference and release Tangram and the above-mentioned reference from any liability resulting from the information gathered.

Applicant Signature _____ Date: _____

To be completed by above mentioned employer or individual:

Position title: _____ Hire date _____ Termination Date _____

Responsibilities: _____

Reason for termination: _____

Eligible for Rehire: Yes No

Please rate the following by circling your response:

Attendance	Excellent	Above Average	Average	Below Average
Job Performance	Excellent	Above Average	Average	Below Average
Response to pressure	Excellent	Above Average	Average	Below Average
Interpersonal skills	Excellent	Above Average	Average	Below Average
Overall rating	Excellent	Above Average	Average	Below Average

Comments: _____

The information I have given is accurate to the best of my knowledge:

Information received from _____ Date _____

Authorized signature _____ Title or Relationship _____

Company _____



5155 Pennwood Drive
 Indianapolis, IN 46205
 Phone: (317) 571-1042
 Fax: (317) 571-1043

REFERENCE CHECK FORM

Dear Reference Contact,
 Please answer the following questions regarding the applicant listed on this form. This information will be very helpful to us in our selection process. We appreciate your time, effort and candor in providing us with this valuable information.

To be completed by applicant: Please provide the following reference information. We need a minimum of **TWO (2) Professional/Employment References** to consider your application. Please print.

Applicant Name _____ Position Applied For _____
 Professional/Employment Reference: _____ Personal Reference _____
 Name _____ Business: _____
 Address _____ City _____ State _____ Zip _____
 Phone: _____ Fax: _____

I hereby authorize Tangram to contact the above named reference and release Tangram and the above-mentioned reference from any liability resulting from the information gathered.

Applicant Signature _____ Date: _____

To be completed by above mentioned employer or individual:

Position title: _____ Hire date _____ Termination Date _____

Responsibilities: _____

Reason for termination: _____

Eligible for Rehire: Yes No

Please rate the following by circling your response:

Attendance	Excellent	Above Average	Average	Below Average
Job Performance	Excellent	Above Average	Average	Below Average
Response to pressure	Excellent	Above Average	Average	Below Average
Interpersonal skills	Excellent	Above Average	Average	Below Average
Overall rating	Excellent	Above Average	Average	Below Average

Comments: _____

The information I have given is accurate to the best of my knowledge:

Information received from _____ Date _____

Authorized signature _____ Title or Relationship _____

Company _____



5155 Pennwood Drive
Indianapolis, IN 46205
Phone: (317) 571-1042
Fax: (317) 571-1043

CRIMINAL RECORDS REQUEST

I, _____, have lived in the following county (counties) in the past three (3) years. My date of birth is _____. My Social Security Number is _____. I give my permission to the following law enforcement agencies to release any and all criminal records to Tangram.

Please check all that apply:

_____ Hamilton County Sheriff's Department

_____ Hancock County Sheriff's Department

_____ Hendricks County Sheriff's Department

_____ Johnson County Sheriff's Department

_____ Marion County Sheriff's Department

_____ Morgan County Sheriff's Department

_____ Shelby County Sheriff's Department

_____ Other: _____ (Please indicate county and state if other than Indiana.)

_____ Other: _____

_____ Other: _____

Applicant's Signature

Signature of Witness

By signing this, I agree that a photocopy is valid for this request.

Date Signed

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") **Tangram** 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 **Tangram**. **Tangram** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Tangram** and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Tangram** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Tangram**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Court 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

_____ Signed	_____ Today's Date
_____ Name as it appears on your driver's license	_____ Position Applied For
_____ Social Security Number	_____ Date of Birth
_____ Driver's License Number	_____ State

Other names you have used or are also known as, including maiden name, name changes and any aliases

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr.

Current Address:	
	Street Apt.# City State Zip Code From
Former Address:	/
	Street Apt.# City State Zip Code From / To?
Former Address:	/
	Street Apt.# City State Zip Code From / To?
Former Address:	/
	Street Apt.# City State Zip Code From / To?