

Affirmative Action Questionnaire

Because we have federal contracts with the U.S. Government, we are required to fulfill requirements for Affirmative Action reporting. This is a **voluntary** questionnaire to be filled out by job applicants to Knox County ARC.

This questionnaire will be kept separate from your job application. The Department Head who is interviewing for this job opening will not see it.

Name: _____

Position I am applying for: _____

My race is:

- ____ White
- ____ African American
- ____ Asian/Pacific Islander
- ____ American Indian/Alaskan Native
- ____ Hispanic
- ____ I decline to give this information

My gender is:

- ____ Male
- ____ Female

For office use only:

Date of application:

Walk-in _____ Other _____
Ad _____ Referral _____

THE ARC KNOX COUNTY
 3000 N. CENTRAL STREET, KNOXVILLE, TN 37917
APPLICATION FOR EMPLOYMENT

TODAY'S DATE: _____ POSITION: _____ SALARY DESIRED: _____

REFERRED BY: _____ DATE YOU CAN START: _____

NAME
 LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS
 STREET CITY STATE ZIP

PERMANENT ADDRESS
 STREET CITY STATE ZIP

PHONE ARE YOU 21 YEARS OR OLDER? YES NO

ARE YOU A CITIZEN OF THE U.S? YES NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO IF YES, WHEN?

EDUCATION NAME AND LOCATION YRS. ATTENDED DID YOU GRADUATE?

HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, CORRESPONDENCE			

HAVE YOU EVER BEEN CONVICTED OR PLEADED NO CONTEST TO A FELONY/ MISDEMEANOR?
 YES NO

IF YES, PLEASE EXPLAIN.

THIS FORM HAS BEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEOC AS OF JULY 26, 1991.

CONTINUED ON OTHER SIDE

REFERENCES: (3) persons **not related** to you, whom you have known at least 5 years.

NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

EMERGENCY CONTACT:

NAME ADDRESS PHONE NUMBER

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available and desire to work FULL-TIME (32 hours) and do not have restrictions on my hours and days. (Complete Section B.)

I am available and desire to work PART-TIME (If less than 32 hours a week, please complete Sections A & B).

A. I am only available for PART-TIME because:

Student Other Job Other (explain) _____

B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

DO YOU HAVE A VALID DRIVERS LICENSE WITH NO RESTRICTIONS? _____

IF NO, PLEASE EXPLAIN:

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S EXECUTIVE DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

DATE:

SIGNATURE:

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief; I ["have" or "have not," as applicable] had a case of abuse, neglect, mistreatment or exploitation substantiated against me. As a condition of submitting this application and in order to verify this affirmation, I further release and authorize Knox County Arc/Sunshine Industries, the Department of Intellectual and Developmental Disabilities and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity or agency, whether governmental or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate. This authorization extends to requesting any applicable information in personnel or investigative reports concerning my previous employment from any party, person, business, entity or agency.

DATE:

SIGNATURE:

*The Arc Knox County
Sunshine Industries
3000 N. Central Street
Knoxville, TN 37917*

STATEMENT FOR RELEASE OF INFORMATION

Date: _____

Name of Agency & Region: _____
The Arc Knox County, East Region

Full Name of Employee/Applicant: _____

Previously used names (nicknames, maiden name, ect.): _____

Social Security Number: _____

Drivers License Number: _____

State of Drivers License: _____

Hire Date (If applicable): _____

I, _____, certify and affirm that to the best of my knowledge and belief **I have or have not** (as applicable) had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize KCARC and the Tennessee Division of Intellectual Disability Services to have full and complete access to any and all personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

Signature of Employee/Applicant: _____

Date: _____

Agency Witness: _____

Date: _____

