

# Special Care Incorporated

Home Healthcare Agency

301 S. Gallaher View Rd., Ste. 230  
Knoxville, TN  
37919

Phone: (865)-690-8800  
Cell: (865)-850-7936  
Fax: (865)-690-6110

## Attention All Special Care Inc. Applicants!

### **Please read this section thoroughly before filling out your application.**

When filling out this application, there are a few things we need you to make sure of:

- Please make sure to complete **ALL** sections of the application. Do not leave any section blank.
- Please make sure to give the phone number for all personal & professional references.
- Please do not list any family members or previous employers as references.
- Please make sure to give the phone number, address, and supervisor for each entry in the Previous Employment section.
- Please make sure to list your start & end dates for each entry in the Previous Employment section.
- If you do not have 5 years of **CONTINUOUS** work history, we will need a letter explaining the gap(s).
- Please make sure to list your **TRUE** availability, as we will be basing our hiring decisions and your schedule on what you list and you will be held to it.
- Please make sure to sign your application in the Disclaimer & Signature section on the last page.
- Understand that completion of this application does not guarantee employment.

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
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## Employment Application

<b><u>Applicant Information</u></b>						
Last Name		First	M.I.	Date		
Street Address			Apt./Unit #			
City		State	Zip Code			
Phone		Email				
Date Available	Social Security Number		Desired Salary			
Position Applied For						
Are you a citizen of the United States?		Yes	No	If no, are you authorized to work in the U.S.?	Yes	No
Have you ever worked for this company?		Yes	No	If so, when?		
Have you ever been convicted of a felony?		Yes	No	If so, explain.		
D.O.B.						
<b><u>Education</u></b>						
High School			Address			
From	To	Did you graduate?	Yes	No	Degree:	
College			Address			
From	To	Did you graduate?	Yes	No	Degree:	
Other			Address			
From	To	Did you graduate?	Yes	No	Degree:	
<b><u>References</u></b>						
Please list three personal or professional references.						
Full Name			Relationship			
Company			Phone Number ( )			
Full Name			Relationship			
Company			Phone Number ( )			
Full Name			Relationship			
Company			Phone Number ( )			

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<b><u>Previous Employment</u></b>			
<b>Company</b>		<b>Phone Number (    )</b>	
<b>Address</b>		<b>Supervisor</b>	
<b>Job Title</b>	<b>Starting Salary \$</b>		<b>Ending Salary \$</b>
<b>Responsibilities</b>			
<b>From</b>	<b>To</b>	<b>Reason for Leaving</b>	
<b>May we contact your previous supervisor for a reference?    Yes    No</b>			
<b>Company</b>		<b>Phone Number (    )</b>	
<b>Address</b>		<b>Supervisor</b>	
<b>Job Title</b>	<b>Starting Salary \$</b>		<b>Ending Salary \$</b>
<b>Responsibilities</b>			
<b>From</b>	<b>To</b>	<b>Reason for Leaving</b>	
<b>May we contact your previous supervisor for a reference?    Yes    No</b>			
<b>Company</b>		<b>Phone Number (    )</b>	
<b>Address</b>		<b>Supervisor</b>	
<b>Job Title</b>	<b>Starting Salary \$</b>		<b>Ending Salary \$</b>
<b>Responsibilities</b>			
<b>From</b>	<b>To</b>	<b>Reason for Leaving</b>	
<b>May we contact your previous supervisor for a reference?    Yes    No</b>			
<b><u>Availability</u></b>			
<b>Sunday</b>			
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			

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<b>Do you have a reliable method of transportation?</b>	Yes No
<b>If yes, what method of transportation will you be using?</b>	Personal Vehicle City Bus Line Ride from friend/family/etc. Taxi/Ride-share Service
<b>If using a personal vehicle, do you have a valid driver's license and proof of automobile insurance?</b>	Valid Driver's License Proof of Automobile Insurance
<b>Special Care INC. offers services in multiple counties in Tennessee.</b>  <b>Please check all areas you would be willing to work in.</b>	Knoxville Oak Ridge Clinton Maryville Alcoa Blount County  Gatlinburg/Pigeon Forge Loudon Lenoir City
<b>Are you willing to travel between 2+ shifts in one day?</b>	Yes No
<b>How many hours per week are you looking for?</b>	Full-time (40 hours)      Part-time (less than 32 hours)  Other: _____
<b>How did you hear about us?</b>  <b>Please be as specific as possible</b>  <b>If a current or past employee, please identify who</b>	

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## National Background Check

I, \_\_\_\_\_, give permission for Special Care Incorporated to access a national background check for employment purposes.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: If employment with this company is ended for any reason within 30 days of your hire date, a charge of \$38.00 will be deducted from your final payroll check.

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## **Applicant Information Release**

I hereby authorize any person, educational institution, or company I may have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Special Care Incorporated, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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<b><u>Military Service</u></b>			
<b>Branch</b>	<b>From</b>	<b>To</b>	
<b>Rank at Discharge</b>	<b>Type of Discharge</b>		
<b>If other than honorable, explain:</b>			
<b><u>Disclaimer and Signature</u></b>			
<b>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</b>			
<b>Signature</b>		<b>Date</b>	