



EMPLOYMENT APPLICATION

Date of Application: _____

Breakthrough Corporation is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. This includes, but is not limited to: race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

Name:	
Address:	
City, State, & Zip Code:	
Telephone #:	
Email Address:	
Are you 18 years of age or older? YES NO	
Social Security #:	
Driver's License State & #:	Expiration Date:

Other names used (including maiden names):

First _____	Middle _____	Last _____
First _____	Middle _____	Last _____
First _____	Middle _____	Last _____

Desired Position:							
Desired Salary:				Available Start Date:			
How did you find out about this employment opportunity?							
If referral, by whom?							
Availability (Check all that apply)							
Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12am-8am							
8am-4pm							
4pm-12am							

Have you ever applied to or worked for Breakthrough Corporation before? YES NO
If yes, when? _____

Do you have any friends, relatives, or acquaintances working for Breakthrough Corporation? YES NO
If yes, state name & relationship: _____

Are you a US Citizen or approved to work in the United States? YES NO
If yes, what document(s) can you provide as proof of citizenship or legal status?

Have you ever been convicted of a criminal offence (felony or misdemeanor)? YES NO
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case?

Job Skills / Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Please list computer programs / applications you have experience with:

Are you physically able to perform all duties of the job description without accommodation?

Education / Training

High School If you did not complete High School, do you have a GED? YES NO

Name	Location (City & State)	Year Graduated	Degree Earned

College / University

Name	Location (City & State)	Year Graduated	Degree Earned
Name	Location (City & State)	Year Graduated	Degree Earned

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected date of completion: _____

Vocational School / Specialized Training

Name	Location (City & State)	Year Graduated	Degree Earned

Previous Employment

Starting with the most recent, describe ALL paid, military, and applicable voluntary experience. Highlight your knowledge; skills and abilities, which best demonstrate your qualifications for this position. You may list significantly differently jobs within the same organization as separate items.

****Please complete the last 5 years of your employment history below.****

Employer Name:	
Job Title:	Supervisor Name:
Employer Address:	
City, State & Zip Code:	
Employer Phone #:	
Dates Employed:	Salary / Wage Earned:
Reason for Leaving:	
Responsibilities:	

Employer Name:	
Job Title:	Supervisor Name:
Employer Address:	
City, State & Zip Code:	
Employer Phone #:	
Dates Employed:	Salary / Wage Earned:
Reason for Leaving:	
Responsibilities:	

Employer Name:	
Job Title:	Supervisor Name:
Employer Address:	
City, State & Zip Code:	
Employer Phone #:	
Dates Employed:	Salary / Wage Earned:
Reason for Leaving:	
Responsibilities:	

If you do NOT have 5 years of employment history, please explain (high school graduate, recently moved to US, etc):

Professional References

Please provide 2 professional references below:

Reference Name:	Telephone #:
Address:	
# of Years Known:	Relationship:

Reference Name:	Telephone #:
Address:	
# of Years Known:	Relationship:

Personal References

Please provide 2 personal references below (not to include family or relatives):

Reference Name:	Telephone #:
Address:	
# of Years Known:	Relationship:

Reference Name:	Telephone #:
Address:	
# of Years Known:	Relationship:

DIDD Experience

Are you currently working for a DIDD provider? YES NO

If yes, which agency? _____

Have you worked for a DIDD provider in the past? YES NO

If yes, which agencies and when?: _____

Have you ever been substantiated for abuse, neglect, or exploitation? YES NO

If yes, please explain:

I hereby certify that all information contained in this application is true and complete, and I agree and understand that any falsification and / or misrepresentation of information herein, regardless of time and discovery, may cause forfeiture on my part of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks, sex offender registry checks and abuse registry checks. I also consent that you may contact references, former employers, and educational institutions listed regarding this application. I further authorize Breakthrough to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Applicant Signature: _____ Date: _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

This survey is optional; you can refuse to participate by signing here:

Signature: _____ Date: _____

Check the block for the racial or ethnic group with which you identify:		Check the block for the highest level of education you have completed (check only one):			
<input type="checkbox"/>	White (Includes Arabian)	<input type="checkbox"/>	Less than 8 th Grade	<input type="checkbox"/>	College Graduate
<input type="checkbox"/>	Black (Includes Jamaican, Bahamians, and other Caribbean's of African but not Hispanic or Arabian descent)	<input type="checkbox"/>	Completed 8 th Grade	<input type="checkbox"/>	Attended Graduate School
		<input type="checkbox"/>	Attended High School	<input type="checkbox"/>	Master's Degree
<input type="checkbox"/>	Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)	<input type="checkbox"/>	High School Graduate or Equivalent	<input type="checkbox"/>	Graduate Study Beyond Master's Requirements
		<input type="checkbox"/>	Attended College and/or Associate Degree	<input type="checkbox"/>	Ph.D. or Professional Degree
<input type="checkbox"/>	Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)				
<input type="checkbox"/>	American Indians (includes Alaskans)				
					Position applied for: _____

BREAKTHROUGH CORPORATION

PRE-EMPLOYMENT QUESTIONNAIRE

Name: _____ Date: _____

This questionnaire is intended to identify your current knowledge, based upon past life/work experiences. There are no right or wrong answers. The questions will assist your future supervisors in helping you reach your highest potential at Breakthrough.

Question	Yes	No
Have you ever had a job where you had to teach someone to do something?		
Have you ever provided hand-over-hand assistance to a person?		
Have you ever worked in a home setting? If yes, describe below:		
Have you ever worked with or assisted directly with an individual with developmental disabilities? If yes, please describe the most challenging aspect of this work.		
Do you consider yourself a flexible individual? If yes, describe below:		
Have you ever worked with an individual with Autism? If yes, describe below:		
Have you ever had a job where you had to clean up feces?		
Have you ever had a job where you had to administer medication to an uncooperative person?		
Have you ever had a job where you were hit or attacked?		
Do you know what abuse/neglect means? If yes, please explain below:		
Have you ever fed or bathed an adult?		
Have you ever worked a job where you had to assist someone with transferring?		
Have you ever had a job that required you to cook?		
Do you know how to follow a recipe?		
Have you ever loaded a wheelchair into a lift-equipped van?		



RELEASE OF INFORMATION

PRE-EMPLOYMENT INFORMATION VERIFICATION

I hereby give consent to Breakthrough to obtain information regarding my previous employment history. I acknowledge that I am giving permission to release the results of my previous employment history to Breakthrough. I hereby release and hold harmless Breakthrough and any person, firm or entity that discloses matters in accordance with this authorization, as well as any liability in whole or part arising, that might otherwise result from the request for use of any or all foregoing information. I further agree that a reproduced copy of the pre-employment consent and release shall have the same force as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of the consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant (Printed Name): _____

Applicant Signature: _____

Drug Testing Consent Form

I hereby agree to submit to a drug or alcohol test by furnishing a sample of my urine, breath, and/or blood for analysis. I have been fully informed of the reason for this test and I understand what I am being tested for and the procedure involved. I am fully aware that the results of this test will be forwarded on to my potential employer or current employer and will become part of my record. I understand that if at any time I refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, my application for employment may be immediately withdrawn from consideration or I may be subject to immediate termination.

Signature of Applicant/Employee: _____

Date: _____

Company Representative: _____

Hunter Investigations
Employment Screening
Authorization and Order Form

This report will be used for employment purposes only, and will be processed by Hunter Investigations (Hunter), a professional investigation agency, whose mailing address is 119 N Gateway Avenue, Rockwood, TN 37854 (Office: 865-354-0077). Hunter Investigations conducts business according to all applicable federal and state laws. Hunter agrees to use its best and most precise efforts to furnish its "client", (defined as a business, company, employer, or organization, which contracts with Hunter to provide employment screening services to them), with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by Hunter. Sources also include contact by telephone, fax, U.S. mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, Hunter cannot guarantee the accuracy of the information provided by the sources, which included courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

I, the undersigned, have read and fully understand the above notice. I hereby authorize Hunter to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize Hunter to verify the facts stated by me on the attached application and/or resume. I agree not to hold Hunter responsible in any manner for errors in information provided to Hunter by any of the sources Hunter uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold Hunter responsible for reports deemed by me to be incorrect, when Hunter had, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Client – Breakthrough (Please Use Block Print and Print Legibly)

Date: _____ Applicant's Printed Name: _____

Other Names Used, Maiden, ETC _____

Applicant's Signature: _____

Social Security Number: _____

Residential Address (Not a PO Box):

Current Phone Number: _____

Date of Birth (for criminal and driving record checks): _____

Sex _____ Race _____

Driver's License Number: _____ State: _____

(Attach photocopy of driver's license)

