

The Access Program Pre-Screening Program

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

Date of Birth: _____ Sex: ___ Male: ___ Female: ___ Social Security #: _____

Do you have any training that would be beneficial in this line of work? Yes: _____ No: _____

If so, what training have you had and is it up-to-date? _____

What hours are you available to work? (Please click all that apply.)

Part Time: ___ Full Time: ___ Days: ___ Nights: ___ Weekends: ___ Weekdays: ___

PREVIOUS EMPLOYER	POSITION	START DATE/ END DATE	REASON FOR LEAVING

Do you have a valid TN Drivers License? Yes: _____ No: _____ License #: _____

Do you have reliable transportation and auto insurance? Yes: _____ No: _____

What type of vehicle do you drive? _____

Do you have a high school diploma or GED? Yes: _____ No: _____

From Where? _____

We actively perform pre-employment and random drug screenings; do you agree to have these services done as a part of your employment? Yes: _____ No: _____

Are you currently taking any prescriptions or non-prescription controlled medications? Yes: ___ No: ___

If yes, please name the medication and explain your reason for taking it: _____

Do you have any physical limitations that would prohibit you from performing normal job functions such as stooping, bending, or lifting? Yes: _____ No: _____

Do you smoke? Y: _____ No: _____

Do you have significant allergies to animals, plants, or household products that would prohibit you from performing normal job functions? Yes: _____ No: _____

If yes, please explain: _____

We perform local and state background checks on all applicants which include worker's compensation. Is there anything you need to notify us that may appear on your report?

Yes: _____ No: _____

If yes, please explain: _____

Were you referred by a current staff member of The Access Program? Yes: _____ No: _____

If yes, please give us their name and relationship/affiliation: _____

Please tell us a little bit about yourself: _____

Applicants Signature: _____ Date: _____