



*Sweetwater Living  
Senior & Disability Services  
130 Willow Creek Blvd  
Sweetwater, TN 37874  
Phone: (423) 337-9742  
Fax: (423) 836-9095  
www.sweetwaterlivingtn.com*

Thank you for your interest in *Sweetwater Living Senior & Disability Services*.

*Sweetwater Living Senior & Disability Services* provides experienced, compassionate care to seniors and their families looking for reliable, trustworthy Caregivers. We receive many inquiries each day from people who are interested in qualifying to be on our first-rate care provider team.

To be considered as a team member with SWEETWATER LIVING, the following must be met:

1. Minimum 2+ years of experience providing care within the industry.
2. A dependable vehicle properly insured.
3. Valid *State of Tennessee* driver's license.
4. You must be trustworthy and dependable.

In addition to meeting the above criteria, the following documentation will be required:

1. Copy of recent TB (Tuberculosis) screening (within last 6 months).
2. Background check (to be completed by Sweetwater Living).
3. Any certifications or degrees you may have earned.
4. Minimum of 2 verifiable professional references.

If you can meet all of the above, then completely read and fill out the enclosed Application.

When you have completed the Application, please fax, return by mail or drop off at our office listed above.

Thank you for your interest.

Sincerely,

Kevin Potts, MSC  
President  
*Sweetwater Living Senior & Disability Services*



# Caregiver Employment Application

By filling out this application and questionnaire, you are applying for employment at *Sweetwater Living Senior & Disability Services*. This company is dedicated to a policy of non-discrimination of applicants on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Your Full Name			Date	
Street Address		City	State	Zip
Home Phone	Cell Phone	SSN #	Do you smoke? <input type="checkbox"/> yes <input type="checkbox"/> no	
Date of Birth (Optional)	Ethnicity (Optional)	How did you hear about us:	Email Address:	

<b>Alternate Contact</b>	
Name	Phone
Address	Relationship

Are you currently employed / provide Care to others? Explain: If Yes, Explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor/felony? If Yes, provide details <input type="checkbox"/> yes <input type="checkbox"/> no      Details:

<b>Transportation</b> Most clients require transportation, often using the Care Provider's vehicle:		
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no		Make and model car
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

<b>Availability</b>			
Appx. hours per week available:	Days/Times you <b>are</b> available	Days & times <b>not</b> available	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Select the areas that you will accept work: <input type="checkbox"/> Sweetwater <input type="checkbox"/> Madisonville <input type="checkbox"/> Knoxville <input type="checkbox"/> Lenoir City <input type="checkbox"/> Maryville			

<b>What Education Qualifies You To Work As a Caregiver?</b>		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates – All Degrees / Certificates must be presented copy. All will be verified with provider/issuer.		
Special skills or courses – Any skills that assist in making you qualified as a professional Care Provider.		

<b>What is Your Past Experience?</b>
Discuss any training or experience working with the elderly. How are you trained and/or experienced in working with the elderly?
What do <i>YOU</i> do that shows and proves you're Reliable, Trustworthy and Honest?
What would you like least about working with the elderly?

### Skills

Please indicate which of the following skills you are prepared to provide if referred to seniors / families:

Companion Care & Safety	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication reminders	<input type="checkbox"/> yes <input type="checkbox"/> no	Oral Care	<input type="checkbox"/> yes <input type="checkbox"/> no
Alzheimer's	<input type="checkbox"/> yes <input type="checkbox"/> no	Transportation	<input type="checkbox"/> yes <input type="checkbox"/> no	Shaving Assistance	<input type="checkbox"/> yes <input type="checkbox"/> no
Dementia	<input type="checkbox"/> yes <input type="checkbox"/> no	Bathing (Reg., bed, sponge)	<input type="checkbox"/> yes <input type="checkbox"/> no	Assist w / P.T. Exercises	<input type="checkbox"/> yes <input type="checkbox"/> no
Meal Prep / Clean Up	<input type="checkbox"/> yes <input type="checkbox"/> no	Dressing/ Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Assist w/ Prosthesis	<input type="checkbox"/> yes <input type="checkbox"/> no
Feeding	<input type="checkbox"/> yes <input type="checkbox"/> no	Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Hospice	<input type="checkbox"/> yes <input type="checkbox"/> no
Light Housekeeping	<input type="checkbox"/> yes <input type="checkbox"/> no	Ambulation	<input type="checkbox"/> yes <input type="checkbox"/> no	Willing to Work w/Pets	<input type="checkbox"/> yes <input type="checkbox"/> no
Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no	Transfer assist	<input type="checkbox"/> yes <input type="checkbox"/> no	Speak fluent English	<input type="checkbox"/> yes <input type="checkbox"/> no

### Work History

Please provide at least five years of recent, verifiable work history followed by verifiable references.

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

**Why Do You Feel You Would Be An Excellent Addition to Our Team?**

**Business | Professional References**

Name	Address	Relationship/Years Known	Local Phone #

**Character & Personal References**

Name	Address	Relationship/Years Known	Local Phone #

**CERTIFICATION AND RELEASE:**

I certify that I have read and understand the general requirements of Independent Care Contractors/Providers on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I completely understand that I am submitting this Application as an interested Care Provider and that by submitting this there is no guarantee for employment. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, work, criminal and credit history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I recognize the rights of Sweetwater Living, LLC to require an employment health assessment, which can include a drug test. I further understand that submitting to various tests is a condition of my employment, and I agree to cooperate in their administration. I fully understand that my employment may be contingent upon completion of a criminal background check, and I agree to cooperate in the completion of this.

I understand that this application will be kept on file for 60 days from the date it is completed, after which time I would have to reapply in accordance with established company procedures. I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief; I  **have** or  **have not** (check one) 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 Sweetwater Living, LLC as well as the Tennessee Division of Intellectual and Developmental Disabilities to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business or agency, as pertains to any allegations against me of abuse, neglect or mistreatment and to consider this information as may be deemed appropriate.

Signature

Date

Background Investigation Requested By:  
Sweetwater Living, LLC  
130 Willow Creek Blvd.  
Sweetwater, TN 37874

Background Investigation Compiled By:  
Fowlers' Profile Links, Inc.  
P. O. Box 291043  
Nashville, TN 37229-1043

## Sweetwater Living, LLC

### DISCLOSURE AND AUTHORIZATION FORM

#### (1) BACKGROUND INVESTIGATION QUESTIONNAIRE:

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Other Name  
(s): \_\_\_\_\_ / \_\_\_\_\_  
(Used Within the Last 7YRS. E.g. Maiden, Other Married Names) Year of Name Change

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name on Driver's License: \_\_\_\_\_

#### Previous Residential Addresses (Previous 7 years):

Former Address:

Street City State Years Resided

Former Address:

Street City State Years Resided

Former Address:

Street City State Years Resided

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last 7 years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently charged or under investigation for any violation of the law other than minor traffic violations?  
Yes \_\_\_\_\_ No \_\_\_\_\_

### DISCLOSURE AND AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

#### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Sweetwater Living, LLC may obtain information about you from a consumer reporting agency for Employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which

may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants as a tenant is an investigation into your education and/or employment history conducted by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Sweetwater Living, LLC** to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by **Sweetwater Living, LLC** by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** another outside organization acting on behalf of **Sweetwater Living, LLC**, and/or **Sweetwater Living, LLC**, itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**NOTICE: Fowlers' Profile Links, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Fowlers' Profile Links, Inc. background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

