

For Timeck Care, Inc. to process your application  
You MUST have the following:

Applicant Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

- \_\_\_\_\_ Complete the attached Application fully
- \_\_\_\_\_ Complete the attached Background Screen Authorization
- \_\_\_\_\_ Complete the attached Abuse and Sex Offender Authorization
- \_\_\_\_\_ Provide a copy of your Driver's License
- \_\_\_\_\_ Provide a copy of your Social Security Card
- \_\_\_\_\_ Provide a copy of your Work Authorization, etc. if applicable
- \_\_\_\_\_ Complete all Employment and Personal Reference Authorizations

If hired, you must also provide the following:

- \_\_\_\_\_ Current Automobile Insurance Coverage
- \_\_\_\_\_ TB Skin test or Chest X-ray Results
- \_\_\_\_\_ Proof of Education (High School, GED, or College)
- \_\_\_\_\_ Proof of DMRS training (CPR, First Aid, Med Admin, CPI, etc.)
- \_\_\_\_\_ Authorization for Direct Deposit of your Payroll Checks

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For Timeck Care Staff Only:

I have reviewed the Application and attached documents and they are complete and ready for review. Copies of the above requested materials are attached.

\_\_\_\_\_  
Timeck Care Staff Reviewing Application

\_\_\_\_\_  
Date

**JOB DESCRIPTION**

Title: **HR/Transition/ IMC Coordinator**

Department: Administration

**Reports to: Executive Director/Administrator**

Position Summary: Timeck Care Inc. uses best practices and technology within a community based residential setting to teach people with developmental disabilities how to acquire the physical, intellectual, emotional, and social skills needed to live as independently as possible.

**Principal Duties and Responsibilities**

- Oversee all aspects of DCS/ECF/DIDD Transition to Timeck Care
- In conjunction with the Program Coordinators, ensure an organized process is in place to manage, oversee Family Model providers that support adults and DCS Children/Youth
- Recruit, train and oversee additional Family Model Providers
- Develop and determine curriculum needs for FMPs
- Coordinate court hearing, for any DCS youths placed with Timeck Care
- Attend and coordinate utilization reviews and circle of support Meeting
- Ensuring all staff have adequate and complete training prior to employment and during employment by TCI.
- Conducting training as needed and as certified by DIDD/DCS.
- Attending TCI Mandatory Administrative meetings and required DIDD training.
- Timely reporting on "reportable incidents" to Regional Office and TCI office
- Resolving staff/consumer complaints as per TCI Policy and Procedures
- Main point of contact for everything IMC related including investigations and coordinating all IMC meetings.
- Responsible for ensuring all necessary follow-up is completed and available for review regarding any RIF.
- Coordinate all interviews for investigations, distribute any needed paperwork for the investigation to investigator, conduct all RSM investigations, conduct annual Strategy 1 and 2's, trend on a monthly basis all Med Variance and Reportable Incident Data, attend all IMC meetings at RO, etc.

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

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

# TIMECK CARE, INC.

## APPLICATION FOR EMPLOYMENT

(Do not leave blanks. Information on resume must be on application)

DATE OF APPLICATION: \_\_\_\_\_

PLEASE PRINT

Last Name		First Name		MI	
Maiden Name (If Applicable)			Social Security Number		
Present Address (Street Number)			City, State Zip Code		
Home Phone #		Cell Phone #	Work Phone #	Emergency Phone #	
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have the right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Birth		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Why do you desire a change?			
Please circle gender <input type="checkbox"/> Male <input type="checkbox"/> Female			Email		
Position Applied for?			How soon can you report for work?		
Type: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp		Days you can work (Circle) M T W Th F Sa Su		Shifts you can work (Circle): 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	
Indicate what current certifications / training you possess (check): <input type="checkbox"/> CPR <input type="checkbox"/> 1 <sup>st</sup> Aid <input type="checkbox"/> CPI <input type="checkbox"/> Med Admin <input type="checkbox"/> Other List Below					
List all Other Training you have Pertinent to this position:					
Have you ever been dismissed/ asked to resign from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain					
Did any dismissal or requested resignation involve abuse, neglect or any act of aggression? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been convicted of a Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state conviction, date, court and place where offence occurred.					
Have you ever been required to register as a sexual offender? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain					
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		DL Number		DL issued in what State	
Type of Auto Insurance: <input type="checkbox"/> Liability Only <input type="checkbox"/> Full Coverage			Number of Traffic violations within the past 5 years?		

### EDUCATION

High School City/State		Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		Year:	
College/University City/State		Degree Earned:		Year:	

EMPLOYMENT HISTORY

(Start with present employer and continue for a 5 year history – ask for additional sheets if necessary)

1) Name of Employer		Address of Employer	Phone Number
Immediate Supervisor & Position		Date Hired	Starting Pay
Your Job Title		Date Left	Final Pay
Job Duties			
Reason for Leaving		May we use this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Name of Employer		Address of Employer	Phone Number
Immediate Supervisor & Position		Date Hired	Starting Pay
Your Job Title		Date Left	Final Pay
Job Duties			
Reason for Leaving		May we use this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Name of Employer		Address of Employer	Phone Number
Immediate Supervisor & Position		Date Hired	Starting Pay
Your Job Title		Date Left	Final Pay
Job Duties			
Reason for Leaving		May we use this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Name of Employer		Address of Employer	Phone Number
Immediate Supervisor & Position		Date Hired	Starting Pay
Your Job Title		Date Left	Final Pay
Job Duties			
Reason for Leaving		May we use this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Name of Employer		Address of Employer	Phone Number
Immediate Supervisor & Position		Date Hired	Starting Pay
Your Job Title		Date Left	Final Pay
Job Duties			
Reason for Leaving		May we use this employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Timeck Care, Inc. is an equal opportunity employer. Consideration for employment shall not be based on religion, race, color, creed, sex, age, national origin, disability, or military status. Employment of applicants for direct support services is contingent upon the approval of the individuals or his/her legal representative.

I understand and agree:

1. I hereby give consent for Timeck Care, Inc. to perform a complete background investigation as required under the laws of the State of Tennessee. I understand this investigation may include, but is not limited to, my driving record, criminal records and references. I understand that negative information may affect my eligibility for employment and shall not be considered discrimination by the company.
2. Any material misrepresentation or deliberate omission of facts in this application may be justification for refusal of or termination from employment.
3. Timeck Care will run a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorized such investigation and the exchange of information requested by Timeck Care. I release from liability any person giving or receiving any such information. I understand that falsification of facts so given, or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal. I understand that falsification of facts so given, or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
4. I authorize any physician or hospital to release information, which may be necessary to determine my ability to perform the duties of a job for which I am being considered.
5. After a conditional offer of employment has been made with Timeck Care Inc. I agree to take a medical examination by a qualified physician at the discretion of my employer.
6. I understand that management makes every effort to schedule employees to accommodate individual preferences and religious beliefs. However, the needs of the individuals supported may require overtime, rotation work schedules and locations, and holidays.
7. This is an application for employment. I understand that no employment contract is offered or implied.
8. If I become employed, such employment is for no definite period of time. Timeck Care may change wages, benefits and conditions of employment at any time.
9. If I become employed or receive a job status change after employment, I will serve a 90-day conditional probationary employment period.
10. If hired, I may be asked to sign a non-compete contract under company policy.
11. If employed I understand that I may be required to submit to fingerprinting, which will be submitted to the Tennessee State Bureau of Investigations for a complete criminal record check.
12. I consent to a drug screening as possible term of my employment and understand that I may be subject to random drug screening at any given time during my employment. Failure to comply with a drug screening or a positive drug screening may be cause for denial of employment or termination if employed.

I have read, understand, and agree to the above conditions.

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Date

Printed Name of Applicant \_\_\_\_\_

*This application will be kept in an active file for 30 days.*

WRITTEN INTERVIEW FOR TRAINING INSTRUCTORS

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Please explain the difference between mental illness and mental retardation.

2. Please explain the differences between providing supports versus providing supervision to someone.

3. Please list how someone with a disability is similar to you and how he or she differs from you.

4. How would you react if you were providing supports to someone and they spit on you?

WRITTEN INTERVIEW FOR TRAINING INSTRUCTORS

5. What would you do if that same individual called you a vulgar name for no apparent reason?

6. This agency is a drug-free environment. What would you do if someone you worked with told you that another co-worker had been drinking alcohol on the job?

7. If the individual you support is supposed to have two staff working with him at all times and your co-worker has an emergency and leaves the shift two hours early, what would you do?

8. Just after arriving to work one morning you realize you have forgotten to pay your electric bill and it's due to be disconnected today. You ask the individual you support he/she wants to go with you to pay the bill and he/she agrees. What do you do?

Timeck Care, Inc.

ABUSE REGISTRY AND SEX OFFENDER LIST

I hereby give consent for Timeck Care, Inc. to conduct a check of reports of abuse, neglect or exploitation on record concerning me as well as the known sex offender list available to the public. I understand that if I am hired, any falsification and/or omissions that are later discovered will be grounds for immediate dismissal.

Print all names, aliases, etc. you have ever used:

First	Middle	Last	Maiden

List all residences within the United States for the last seven years:

Street Address	County
City and State	Zip Code
Dates of Residence	
Street Address	County
City and State	Zip Code
Dates of Residence	
Street Address	County
City and State	Zip Code
Dates of Residence	
Street Address	County
City and State	Zip Code
Dates of Residence	

Signature

Social Security #

Date

Continue on reverse side, if additional space is needed.



## Timeck Care, Inc.

### Employee Reference Check

Name of Applicant \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Name of Reference Source & Title \_\_\_\_\_ Fax \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the above person/company to disclose the following information about my employment with them.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(The section below is to be completed ONLY by an authorized representative of the above named company)

1. When did he/she work for your company? From \_\_\_\_\_ To \_\_\_\_\_

2. What was his/her job title? \_\_\_\_\_

3. What type of work did he/she perform? \_\_\_\_\_

4. Was his/her work satisfactory? \_\_\_\_\_

5. How was his/her attendance and punctuality? \_\_\_\_\_

6. Why did he/she leave your company? \_\_\_\_\_

7. Would you re-employ him/her? \_\_\_\_\_

8. Timeck Care provides twenty-four hour supports to adults and children with developmental disabilities. Do you know of any reasons why he/she would be unable to provide those supports to individuals we serve with or without direct supervision? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Reference- yes \_\_\_\_\_ No \_\_\_\_\_ Person spoken with \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Timeck Care, Inc.

### Employee Reference Check

Name of Applicant \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Name of Reference Source & Title \_\_\_\_\_ Fax \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

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4. Was his/her work satisfactory? \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

Phone Reference Yes \_\_\_\_\_ No \_\_\_\_\_ Person spoken with \_\_\_\_\_

Signature

Title

Date

## Timeck Care, Inc.

### Employee Reference Check

Name of Applicant \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Name of Reference Source & Title \_\_\_\_\_ Fax \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Phone Reference Yes \_\_\_\_\_ No \_\_\_\_\_ Person spoken with \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Timeck Care, Inc.

### Personal Reference Check

Name of Applicant \_\_\_\_\_

Name of Reference Source \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

I, the above referenced applicant authorize the above referenced person to release the information contained in this request and shall hold harmless anyone releasing this information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(The section below is to be completed ONLY by the above named reference source)

1. How long have you known this person? \_\_\_\_\_

2. What is your relationship to this person? \_\_\_\_\_

3. How would you describe this person's character? (Reliable, honest, responsible, etc.)  
\_\_\_\_\_

4. Are you aware of any reason why this person should not be employed to work with a person with a disability? \_\_\_\_\_  
\_\_\_\_\_

5. Are you aware of any reason why this person should not transport a person with a disability in an automobile? \_\_\_\_\_  
\_\_\_\_\_

6. If you were in a position to employ this person, would you? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Timeck Care, Inc.

### Personal Reference Check

Name of Applicant \_\_\_\_\_

Name of Reference Source \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

I, the above referenced applicant authorize the above referenced person to release the information contained in this request and shall hold harmless anyone releasing this information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

5. Are you aware of any reason why this person should not transport a person with a disability in an automobile? \_\_\_\_\_  
\_\_\_\_\_

6. If you were in a position to employ this person, would you? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Timeck Care, Inc.

### Personal Reference Check

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Name of Reference Source \_\_\_\_\_

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\_\_\_\_\_

5. Are you aware of any reason why this person should not transport a person with a disability in an automobile? \_\_\_\_\_  
\_\_\_\_\_

6. If you were in a position to employ this person, would you? \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

Timeck Care, Inc

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**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

**Timeck Care, Inc** 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 **Timeck Care, Inc** 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.

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 **Timeck Care, Inc**, and/or **Timeck Care, Inc**, itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**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: \_\_\_\_\_





**STATEMENT FOR RELEASE OF INFORMATION**

**Date:**

**Name of Agency & Region: Timeck Care Inc. - Middle TN**

**Full Name of Employee:**

**Previously used names (nicknames, maiden name, etc.)**

**SS#:**

**DL#:**

**State of DL:**

**Hire Date:**

I, *(name of employee or contractor)*, 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 *(Provider's name and region)* and the Tennessee Division of Mental Retardation 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:**

**Date:**

**Witness:**

Timeck Care Inc  
522 Bell Road Suite A, Antioch Tennessee

Telephone: 615-873-1013 Fax: 615-873-1052

**Date:**