



BGC, INC. EMPLOYMENT APPLICATION

Personal Information:

First name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____

Date of Birth: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Home Phone: _____

Email Address: _____

Emergency Contact: Name: _____
Phone: _____

Have you ever applied for employment with us? _____
If yes, when? _____

Position Desired:

Title: _____

Part time: _____ **Full Time** _____

When would you be available to begin work? _____

Work Eligibility:

Are you eligible to work in the U.S.? _____

Are you 17 or older? _____

Have you been convicted of or pleaded no contest to a felony within the last 5 years?

If yes, please explain: _____

Have you been convicted of, pleaded guilty to, or pleaded guilty to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last 5 years? _____

If yes, please explain: _____

How did you hear of our organization: _____

Education:

High School:

City: _____ State: _____

Year Graduated: _____

College:

City: _____ State: _____

Course of Study: _____ # years completed: _____

Did you Graduate? _____ What year? _____ Degree: _____

*** If offered a position with BGC, you must provide a copy of your diploma/degree.

Employment History:

Company Name:

City: _____ State: _____

Job Title: _____

Supervisor & phone number: _____

Dates Employed: _____

May we contact this employer? _____

Reason for leaving: _____

Company Name:

City: _____ State: _____

Job Title: _____

Supervisor & phone number: _____

Dates Employed: _____

May we contact this employer? _____

Reason for leaving: _____

Company Name: _____

City: _____ State: _____

Job Title: _____

Supervisor & phone number: _____

Dates Employed: _____

May we contact this employer? _____

Reason for leaving: _____

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief; I (“have” or “have not,” as applicable) 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 Building Greater Communities, Inc. (BGC), the Tennessee Department of Intellectual and Developmental Disabilities and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity or agency, whether governmental or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate. This authorization extends to providing any applicable information in personnel or investigative reports concerning my employment with this employer to my future employers who may be Providers of DIDD services.

Are you willing to comply with the requirements listed? _____

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

I acknowledge that employment may be conditional upon successful completion of background checks and a check of Tennessee’s Abuse Registry as part of BGC’s pre-employment process.

Signature: _____ Date: _____

Printed Name: _____

