

The logo features a stylized archway with a keyhole cutout, set against a teal background. To the right of the archway, the word "KEYSTONE" is written in a large, white, serif font. Below this, the words "ADULT DAY PROGRAM" are written in a smaller, black, serif font.

**KEYSTONE**  
**ADULT DAY PROGRAM**

1350 Oak Ridge Turnpike  
Oak Ridge, TN 37830

(865) 483 - 6631  
FAX (865) 483 - 9011

**APPLICATION FOR EMPLOYMENT**

**(Please Print)**

Date of Application: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pager #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Email Address \_\_\_\_\_

If offered a job:

Would you accept part-time work?  Yes  No Date Available? \_\_\_\_\_

Hours available to work? \_\_\_\_\_

**PERSONAL HISTORY:**

Have you had any experience in caring for persons with Alzheimer's disease or Dementia?

Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of an offense "involving the physical, sexual, or emotional abuse, neglect, financial exploitation or misuse of funds; theft from any person" or conviction of an offense "involving violence against any person" or conviction of an offense "involving the manufacture, sale, possession or distribution of any drug", or "a no contest plea to such offenses, and/or have "any pending warrants, indictments or presentments for such offenses."

Yes  No

If yes, please explain: \_\_\_\_\_

**EDUCATION AND TRAINING:**  
**High School/GED**

Name	Location	Dates Attended	Last Grade Completed	Did you graduate?

**Colleges, Universities, Graduate School, Business Schools and other Higher Education:**

Name	Location	Dates Attended	Semester Hours Completed	Degrees

**List all professional licenses or certifications that you hold:**

Name	Received From	Date Received	Does it expire?	Expiration Date

List any special skills, training, or interest not previously stated that may qualify you for a position with Keystone Adult Day Program:

---



---

**EMPLOYMENT HISTORY:** List employers for the last five years with current job or most recent job first, Keystone must have at least three references to contact:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Pay: \$ \_\_\_\_\_ End Pay: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Pay: \$ \_\_\_\_\_ End Pay: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Pay: \$ \_\_\_\_\_ End Pay: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Pay: \$ \_\_\_\_\_ End Pay: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

May we contact this employer?  Yes  No

**References**

List three (3) professional references not related to you:

Name	Address	Telephone	Years Known
------	---------	-----------	-------------

---



---



---

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**I hereby certify that:**

This application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I am aware that Keystone Adult Day Program: will run a criminal court clerk background check, elder abuse check, and TBI/FBI background check and may ask for a drug test at any time. I will have to supply two pieces of identification at the time I am called to return for an interview. Acceptable pieces of identification include:

- Drivers License
- State ID Card
- Government Picture ID
- Voter Registration Card
- U.S. Military Card
- Birth Certificate
- Social Security Card

I am aware that, if at any time, an investigation discloses any misrepresentation or falsification, my application may be rejected, my employment may be terminated, and I may be disqualified from applying in the future with Keystone Adult Day Program:

**If employed by Keystone Adult Day Program, I understand the following conditions of employment:**

Employment is not a fixed term and may be ended by me voluntarily or by the employer at any time.

After being offered a permanent position, the first 180 days of employment is a probationary period, and the probationary status may be extended by the employer upon notification.

My facts and statements on the employment application are true and without omission. I understand that misrepresentation discovered upon or after employment is grounds for dismissal.

I authorize the employer to contact work references, law enforcement agencies, and the elder abuse registry in the cities where I have worked or lived.

Any Employment is conditional until all criminal background checks are returned by the elder abuse registry, TBI, FBI, and Criminal Court Clerk.

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

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