



Community With Compassionate Care
914 Industrial Park Road, Dandridge, TN 37725
Phone (865) 397-3163 Human Resources Fax (865) 397-1445

LOCAL COUNTY CRIMINAL BACKGROUND CHECK

APPLICANTS FULL LEGAL NAME: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

DATE OF BIRTH: ____ / ____ / ____

I give the Jefferson County Sheriff's Department permission to release any information to Jefferson Park at Dandridge concerning my criminal background history relating to any confirmed crime(s).

Applicant's Electronic Signature & Date

To be filled out by the Jefferson County Sheriff's Department:

This applicant's name and social security number have been run through the Jefferson County Sheriff's Department criminal background system and __ does or __ does not have a positive history of activity.

If applicant does have a record, please note record(s) below:

Table with 2 columns: Date, Charge(s)

If additional space is needed, please attach a separate paper.

Jefferson County Sheriff's Dept. Representative

Date

*NOTE: In the event an applicant is hired prior to the return of a positive Local County Criminal Background Check, the facility reserves the right to terminate the employee based on those findings.



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BACKGROUND INVESTIGATION CONSENT

I hereby authorize Jefferson Park at Dandridge and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Jefferson Park at Dandridge.

I release Jefferson Park at Dandridge and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

APPLICANTS FULL LEGAL NAME: _____
First Middle Last

MAIDEN NAME OR OTHER NAMES USED: _____

CURRENT ADDRESS: _____
Street
City State Zip Code

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

Please list previous addresses for the past 7 years:

Table with 4 columns: Street, City, State, How Long? and 7 rows for address entries.

Date of Birth: ___ / ___ / ___ Social Security #: ___ - ___ - ___ Phone #: (___) - _____

Applicant's Electronic Signature & Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Jefferson Park at Dandridge is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.



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ELDERLY ABUSE REGISTRY

CONSENT/DOCUMENTATION FORM

APPLICANTS FULL LEGAL NAME: _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

I give Jefferson Park at Dandridge permission to obtain any information from the Tennessee Department of Health and Environment concerning the Patient/Resident Abuse Registry or similar data in other files of all details relating to any confirmed incident(s).

Applicant's Signature

Date

To be filled out by authorized personnel of Jefferson Park at Dandridge:

Listed on Patient Abuse Registry: _____ YES _____ NO

Verification Date: _____ Time: _____

Verified By: _____



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SEX OFFENDER REGISTRY

CONSENT/DOCUMENTATION FORM

APPLICANTS FULL LEGAL NAME: _____

DATE OF BIRTH: ____ / ____ / ____

I give Jefferson Park at Dandridge permission to obtain any information from the United States Department of Justice National Sex Offender Public Website concerning the Sex Offender Registry or similar data in other files of all details relating to any confirmed registries.

Applicant's Electronic Signature & Date

To be filled out by authorized personnel of Jefferson Park at Dandridge:

Listed on Sex Offender Registry: ____ YES ____ NO

Verification Date: ____ Time: ____

Verified By: _____



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COVID-19 VACCINATION VERIFICATION FORM

Jefferson Park at Dandridge is committed to providing a safe work environment for employees, as well as a safe place for residents to live and receive exceptional care. Under guidelines laid out from Centers for Medicare & Medicaid Services (CMS), employees of Long-Term Care (LTC) Facilities, including Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs), generally referred to as nursing homes (§ 483.80) have been required to receive the COVID-19 vaccination, unless granted a medical exemption or religious exception.

In order for the facility to adhere to CMS guidelines all employees are required to be considered fully vaccinated by February 28, 2022.

Applicant's full name: _____

Have you received you COVID-19 vaccination? Yes No

Vaccine #1: Date: Brand:

Vaccine #2: Date: Brand:

Booster: Date: Brand:

I give Jefferson Park at Dandridge permission to obtain a copy of my COVID-19 vaccination card for Tennessee Department of Health and CMS reporting purposes.

Applicant's Signature _____ Date _____

To be filled out by authorized personnel of Jefferson Park at Dandridge:

Copy of COVID-19 Vaccination card received: YES NO

Employee considered fully vaccinated: YES NO

Verification Date: Time:

Verified By: _____



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AUTHORIZATION TO REQUEST VERIFICATION OF EMPLOYMENT

SECTION I (to be completed by applicant):

APPLICANT NAME: _____
Print Full Legal Name

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: XXX-XX-_____

I hereby authorize agencies, organizations, employers and others to release or exchange the information requested below.

Applicant's Electronic Signature & Date

SECTION II (to be completed by authorized personnel of Jefferson Park at Dandridge):

The applicant has listed you or your organization as either a current or previous place of employment. In accordance with the release signed above, please provide the information requested and return this form to us.

Trina Mower/ Amanda Johnson
Requestor Name

Human Resources
Title

SECTION III (to be completed by current/previous employer):

Hire Date: _____ Termination Date, if applicable: _____

Job Title: _____

Job Duties: _____

Is the Applicant eligible for re-hire: Yes No Unknown

Signature

Title

Date

Fax reply to:
Attn: Human Resources
Fax: (865) 397-1445