



1850 Old Knoxville Road  
Tazewell, TN 37879

# Application for Employment

PLEASE READ CAREFULLY—WRITE CLEARLY—ANSWER ALL QUESTIONS

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT  
BECAUSE OF RACE, COLOR, CREED, AGE, SEX, MARITAL STATUS, NATIONAL  
ORIGIN, PHYSICAL, OR MEDICAL IMPAIRMENT OR MEDICAL CONDITION.

<b>NAME &amp; LOCATION</b>	LAST NAME		FIRST NAME		MIDDLE NAME	APPLICATION DATE
	CURRENT ADDRESS (STREET & NUMBER)				HOME PHONE	PHONE FOR MESSAGE
	CITY, STATE, ZIP				SOCIAL SECURITY NUMBER	
<b>EMPLOYMENT DESIRED</b>	FIRST CHOICE		EXPERIENCE?		SECOND CHOICE	
	HAVE YOU WORKED FOR US BEFORE?		(IF YES, STATE DATE LEFT)		WILL YOU ACCEPT PART TIME WORK?	
	YES ___ NO ___				YES ___ NO ___	
HAVE YOU WORKED FOR US BEFORE UNDER ANOTHER NAME?		(IF YES, STATE NAME)		SHIFT OR HOURS YOU CAN WORK		OTHER
YES ___ NO ___				1st ___ 2nd ___ 3rd ___		
<b>CITIZENSHIP</b>		<b>U.S. MILITARY SERVICE</b>		<b>STATEMENT OF HEALTH</b>		
ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING?		HAVE YOU SERVED IN THE U.S. MILITARY?		CAN YOU SAFELY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?		
YES ___ NO ___		YES ___ NO ___		EXPLAIN:		
PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS, UPON BEING MADE AN OFFER OF EMPLOYMENT, MUST PRODUCE DOCUMENTS, WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT, ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN SEVENTY-TWO (72) HOURS AFTER COMMENCEMENT OF EMPLOYMENT. YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 (ISSUED BY THE FEDERAL GOVERNMENT) VERIFYING, UNDER OATH, YOUR EMPLOYMENT AUTHORIZATION.		PLEASE LIST JOB-RELATED SKILLS OR EXPERIENCE.		ARE YOU WILLING TO TAKE A PHYSICAL EXAMINATION AT YOUR COST AND A DRUG TEST AT OUR EXPENSE UPON A CONDITIONAL OFFER OF EMPLOYMENT?		
				YES ___ NO ___		
<b>PERSONAL</b>	HAVE YOU, SINCE THE AGE OF 18, EVER BEEN CONVICTED OF A FELONY?		IF YES, EXPLAIN-GIVE DATES		<b>NOTE: A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.</b>	
	YES ___ NO ___					
	HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM A JOB		IF YES, EXPLAIN-GIVE DATES			
YES ___ NO ___						
HAVE YOU ANY HOBBIES, OR INTERESTS, OR BELONG TO ANY CLUB, ORGANIZATION, SOCIETY OR PROFESSIONAL GROUP WHICH HAS A DIRECT BEARING ON YOUR QUALIFICATION FOR THE JOB WHICH YOU ARE SEEKING? YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, PHYSICAL OR MENTAL IMPAIRMENT, OR MEDICAL CONDITION.		IF YES, EXPLAIN				
YES ___ NO ___						
<b>Education</b>	<b>NAMES</b>	<b>COMPLETE ADDRESS OF SCHOOLS</b>	<b>ACADEMIC MAJOR</b>	<b>NUMBER OF YEARS ATTENDED</b>	<b>DIPLOMA?</b>	
	LAST ELEMENTARY SCHOOL					
	LAST HIGH SCHOOL					
	JR COLLEGE, COLLEGE, OR UNIVERSITY					
	TECHNICAL OR VOCATIONAL SCHOOL					
OTHER DETAILS OF EXPERIENCE OR TRAINING INCLUDING INFORMATION ON ADULT EDUCATION PROGRAMS WHICH HAVE A DIRECT BEARING ON THE JOB WHICH YOU ARE SEEKING?		SCHOOL	COURSE	DIPLOMA OR CERTIFICATE	DATE COMPLETED	

<b>REFERENCES</b>	GIVE NAME(S) OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR THE POSITION				
	NAME		OCCUPATION		ORGANIZATION
			PHONE		ADDRESS
	NAME		OCCUPATION		ORGANIZATION
			PHONE		ADDRESS
	NAME		OCCUPATION		ORGANIZATION
		PHONE		ADDRESS	

**EXPERIENCE** GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS UNEMPLOYED DURING THE PAST TEN YEARS. START WITH MOST RECENT EMPLOYMENT, GIVE U.S. EXPERIENCE ONLY.

LAST EMPLOYMENT FIRST FROM TO				EMPLOYER'S NAME, ADDRESS, TELEPHONE NUMBER	LAST SALARY AND POSITION(S) HELD	REASON FOR LEAVING	VERIF.
MO.	YR.	MO.	YR.	EMPLOYER	SALARY		
				NO. & STREET	POSITION		
				CITY STATE ZIP PHONE	SUPERVISOR		
				EMPLOYER	SALARY		
				NO. & STREET	POSITION		
				CITY STATE ZIP PHONE	SUPERVISOR		
				EMPLOYER	SALARY		
				NO. & STREET	POSITION		
				CITY STATE ZIP PHONE	SUPERVISOR		
				EMPLOYER	SALARY		
				NO. & STREET	POSITION		
				CITY STATE ZIP PHONE	SUPERVISOR		
				EMPLOYER	SALARY		
				NO. & STREET	POSITION		
				CITY STATE ZIP PHONE	SUPERVISOR		

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES ___ NO ___	LIST OFFICE MACHINES USED N/A ___	TYPING SPEED WPM	SHORTHAND SPEED WPM
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PLEASE LIST WHAT OTHER EQUIPMENT YOU CAN OPERATE	N/OT APPLICABLE ___	REPAIR? YES___ NO___ SET-UP? YES___ NO___	CAN YOU READ BLUE PRINTS/ YES___ NO___
		REPAIR? YES___ NO___ SET-UP? YES___ NO___	NOT APPLICABLE ___
		REPAIR? YES___ NO___ SET-UP? YES___ NO___	

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS				VERIF.
TYPE	STATE ISSUED	DATE	NO.	
TYPE	STATE ISSUED	DATE	NO.	
TYPE	STATE ISSUED	DATE	NO.	

AREA OF SPECIALIZATION OR MAJOR INTEREST:

**AFFIDAVIT:** I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employees, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand a conditional offer of employment may be based on results of a later medical examination. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer.  
**Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer. In addition, should my employer be or become subject to conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**WE ARE AN EQUAL OPPORTUNITY EMPLOYER — A COPY OF THIS APPLICATION IS AVAILABLE TO YOU ON REQUEST**

**APPLICANT — PLEASE DO NOT USE THIS SPACE**

INTERVIEWED BY	DATE	TIME	RATED BY	DATE	TIME		
DISPOSITION	POSITION TITLE	POSITION CODE	DEPARTMENT	RATE	SHIFT	STARTING DATE	SUPERVISOR