



**APPLICATION FOR EMPLOYMENT**  
 AN EQUAL OPPORTUNITY, TENNESSEE DRUG-FREE  
 AND E-VERIFY EMPLOYER

**THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT** but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the results of a medical examination, which may include providing body substance samples. This application will remain active for (90) ninety days.

**PERSONAL INFORMATION**

Name	Last	First	Middle	Social Security #
Home/Cell Phone				E-Mail Address
<b>Please list below your current address and your two other most recent addresses:</b>				
Current	Street	City	State	Zip
				Since (Mo/Yr)
Street		City	State	Zip
				Since (Mo/Yr)
Street		City	State	Zip
				Since (Mo/Yr)

**EDUCATION**

High School Attended	City, County & State		Did you earn a Diploma?
Undergraduate College Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Graduate School Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Trade, Business or Other School	City, State	Areas of Study	Degree/Certificate/Diploma

**EMPLOYMENT INFORMATION**

Position Applied For:	Date You Can Start Work:	Desired Salary: \$
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Can You Work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings	
<b>Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:</b>		
1) Are you at least 18 years of age and legally eligible for work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2) Will you work overtime when necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3) Have you received a description of the job or been made aware of the essential functions of the job you are applying for : <input type="checkbox"/> YES <input type="checkbox"/> NO		
4) Do you understand the job requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please explain)		
5) Are you on layoff and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO		
6) Are you currently bound by a non-competition or trade secret agreement? (If yes, please explain) <input type="checkbox"/> YES <input type="checkbox"/> NO		
7) Have you ever been discharged or asked to resign from a job? (If yes, please explain) <input type="checkbox"/> YES <input type="checkbox"/> NO		
8) Have you ever been convicted of or pled guilty to a felony or other crime? (If yes, please explain below) <input type="checkbox"/> YES <input type="checkbox"/> NO		

**EMPLOYMENT HISTORY**

MAY WE CONTACT YOUR PRESENT EMPLOYER?  
 YES  NO

**Please list below your last three employers beginning with the most recent:**

<b>Most Recent Employer</b>	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving	Supervisor	
		\$		
Duties	Reason for Leaving			

<b>Next Most Recent Employer</b>	City	State	Zip Code	Phone
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Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor
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Duties	Reason for Leaving
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<b>Next Most Recent Employer</b>	City	State	Zip Code	Phone
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Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor
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Duties	Reason for Leaving
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### JOB-RELATED SKILLS

**Please answer the following questions if the position you are applying for requires driving a motor vehicle:**

1. Do you have a valid driver's license?     YES     NO  
(If YES: Driver's License Number) \_\_\_\_\_ Date of Issue: \_\_\_\_\_
2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years?     YES     NO
3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?  
 YES     NO
4. Please list all states from which you hold or have held a driver's license:

Please use this space to list any special skills you may have that relate to the position applied for:

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

- 1.
- 2.
- 3.

### BUSINESS REFERENCES

Please list three persons not related to you whom you have known at least one year

Name \_\_\_\_\_ Business \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_ Phone No. \_\_\_\_\_ Years Acquainted \_\_\_\_\_

### APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.***
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986 and processed through the E-Verify System, as well as an acceptable criminal background check, according to FCRA standards and produce no non-positive results of a drug screening, performed according to Tennessee Drug Free Workplace regulations in force at the time of testing.
5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date