

Application For Employment
Upper Cumberland Development District
1225 South Willow Ave
Cookeville, TN 38506-4194
931-432-4111

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job –related medical condition or handicap.

(PLEASE PRINT OR TYPE)

Date of Application _____

Position(s) Applied For _____

Referral Source: () Advertisement () Friend () Relative () Walk- In
() Employment Agency () Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone (____) _____ Social Security _____/_____/_____

If employed and you are under 18, can you furnish a work permit? () Yes () No

Have you filed an application here before? () Yes () No If Yes, give date _____

Have you ever been employed here before? () Yes () No If Yes, give date _____

Are you employed now? () Yes () No

May we contact you present employer? () Yes () No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status may be required upon employment.) () Yes () No

On what date would you be available for work? _____

Are you available to work () Full- Time () Part- Time () Temporary

Are you on a lay-off and subject to recall? () Yes () No

Can you travel if a job requires it? () Yes () No

AN EQUAL OPPORTUNITY EMPLOYER

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, natural origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

The data is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from the Application of Employment.

Date _____

Position (s) Applied For _____

Referral Source: () Advertisement () Friend () Relative () Walk-In
() Employment Agency () Other _____

Name _____ Phone () _____
Last First Middle

Address _____
Number Street City State Zip Code

Affirmative Action Survey

Government agencies required periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check One: () Male () Female

Check One: () Hispanic () Non – Hispanic

Check One: () White () Black () American Indian/Alaskan Native
() Asian/Pacific Islander

Check if any of the following are applicable:

() Vietnam Era Veteran () Disabled Veteran () Handicapped Individual

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed Circle	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Describe Course Of Study:				
Describe Specialized Training, Skills, and Extra – Curricular Activities				

Honors Received :

State any additional information you feel may be helpful to us in considering you application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the Company.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview () Yes () No Interviewer _____ Date _____

Remarks _____

Employed () Yes () No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Depart. _____

By _____ Name and Title _____ Date _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or nation origin.

Employer _____ _____ Telephone ____/____/____ Address _____ _____ Job Title _____ Supervisor _____ Reason for Leaving _____ _____	Dates of Employment From / To _____ / / / Hourly Rates/Salary Starting / Final _____ / /	Work Experience _____ _____ _____ _____ _____ _____ _____
Employer _____ _____ Telephone ____/____/____ Address _____ _____ Job Title _____ Supervisor _____ Reason for Leaving _____ _____	Dates of Employment From / To _____ / / / Hourly Rates/Salary Starting / Final _____ / /	Work Experience _____ _____ _____ _____ _____ _____ _____
Employer _____ _____ Telephone ____/____/____ Address _____ _____ Job Title _____ Supervisor _____ Reason for Leaving _____ _____	Dates of Employment From / To _____ / / / Hourly Rates/Salary Starting / Final _____ / /	Work Experience _____ _____ _____ _____ _____ _____ _____

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Organizations

Summarize special skills and qualifications acquired from employment or other experience _____

Have you been convicted of a felony? () No () Yes
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____
_____.

Veteran of the U.S. Military Service? () Yes () No If yes, Branch _____

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration of employment.

If you wish to be identified, please sign below.

() Handicapped Individual () Disabled Veteran () Vietnam Era Veteran

Signed _____