



EMPLOYMENT APPLICATION

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin

This organization participates in E-Verify

OFFICE USE ONLY:

START DATE: _____

CLASSROOM: _____

RATE OF PAY: _____

SCHEDULE: _____

FULL NAME: _____ PH#: _____

ADDRESS: _____ EMAIL: _____

CITY, STATE, ZIP: _____

SOCIAL SECURITY #: _____ DESIRED DATE YOU CAN START: _____

POSITION APPLYING FOR: _____ FULL TIME PART TIME DESIRED RATE OF PAY: _____

DO YOU HAVE ANY SCHEDULING CONFLICTS, EXPLAIN? _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO AUTHORIZED TO WORK IN THE US? YES NO

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE ACADEMY? IF SO, WHERE AND WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NO CONTEST TO ANY OFFENSE? YES NO

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE EXPLAIN: _____

EDUCATIONAL BACKGROUND

SCHOOL/ INSTITUTION	DATE OF GRADUATION	DIPLOMA AWARDED

REFERENCES (MINIMUM OF 3)

NAME: _____ CIRCLE ONE: PERSONAL OR EMPLOYER

PH#: _____ EMAIL: _____

HOW LONG HAVE YOU KNOWN? _____ JOB TITLE: _____

NAME: _____ CIRCLE ONE: PERSONAL OR EMPLOYER

PH#: _____ EMAIL: _____

HOW LONG HAVE YOU KNOWN? _____ JOB TITLE: _____

NAME: _____ CIRCLE ONE: PERSONAL OR EMPLOYER

PH#: _____ EMAIL: _____

HOW LONG HAVE YOU KNOWN? _____ JOB TITLE: _____

EMPLOYMENT HISTORY

COMPANY: _____ JOB TITLE: _____

DATES EMPLOYED FROM: ____/____/____ TO: ____/____/____ MAY WE CONTACT? YES NO

PAY RATE START: _____ END: _____

SUPERVISOR : _____ PH #: _____

COMPANY: _____ JOB TITLE: _____

DATES EMPLOYED FROM: ____/____/____ TO: ____/____/____ MAY WE CONTACT? YES NO

PAY RATE START: _____ END: _____

SUPERVISOR : _____ PH #: _____

VERIFIED BY: _____
DATE: _____
PHONE OR EMAIL
VERIFIED BY: _____
DATE: _____
PHONE OR EMAIL

JOB RELATED EXPERIENCE OR SKILLS: _____

I WAS REFERRED BY AN ACADEMY CURRENT OR FORMER EMPLOYEE: YES NO THIS PERSON IS A RELATIVE: YES NO

PLEASE NAME INDIVIDUAL IF ANSWERED "YES" TO ABOVE STATEMENT: _____

TCA S.S. 71-3-529 states that "each person applying to work with children as a volunteer or as a paid employee with a child welfare agency as defined in S.S. 73-3-501 may complete an application on a form prescribed or approved by the Department of Human Services. It is unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information. The Department, in cooperation, with the Tennessee Bureau of Investigation may...verify the accuracy of the criminal violation information."

By signing this form, I am affirming that the statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above, as well as all investigative agencies and the Tennessee Bureau of Investigation, to be contacted for the express purpose of pre-employment screening. I understand that any false statement omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company. I agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed terms, and may be terminated at any time, with or without cause and without prior notice. If I am offered employment I agree to submit to a medical examination, background clearance, and submit all necessary documents before my first day of employment.

Applicant Signature

Date