

• Morristown

PHONE: 423-586-6866 FAX: 423-581-9679

• Newport

PHONE: 423-248-3240 Fax: 423-248-3241

• KINGSPORT

PHONE: 423-276-5431 FAX: 423-581-9679

• Greeneville

PHONE: 423-525-4148 Fax: 423-581-9679

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Applicants requiring accommodation to the application and/or interview process should notify a representative of the organization.

Name of Applicant:			Date) :		
Position applied for/or work desired:						
Address:						
City:		St	ate:			
Zip Code: Tel. N	0.:					
S.S.#:	Date of Birth:			f Birth:		
Type of employment desired:	Fulltime	Part-time	Temporary	Other:		
Date you will be able to start w	ork:					
Driver's License Number (if dri	Driver's License Number (<i>if driving is an essential job duty</i>):					
Are you able to meet attendance requirements?: YES NO					NO	
Do you have any objections to working overtime if necessary?:					YES	NO
Can you travel if required by this position?:					YES	NO
Have you ever been previously employed by our organization?:					YES	NO
Can you submit proof of legal employment authorization and identity?:				YES	NO	
If you are under the age of 18, can you furnish a work permit if it is required?:			red?:	YES	NO	
Have you ever been convicted of a crime in the last 7 years?:				YES	NO	
If yes, please explain (a conviction will not automatically bar employment):						



Skills and Qualifications

Summarize any relevant training,	skills,	licenses,	certificates,	or other	qualifications	that apply	to the
position.							

Educational history

Provide the names and locations of schools attended,	the number of	years completed,	your field of study,	and
any degrees earned.				

High School:	
College:	
Technical Training:	

Other:

References

List 3 people as references, including their names, phone numbers, and years you've known them. (Relatives or employers are not allowed as references.)



Please provide the employment information for all your previous employers, starting with the most recent.

Employer:	Position Held:	
Address:		
Tel No.:	Immediate Supervisor and Title:	
Dates employed. From:	to	Salary:
Job Summary:		
Reason for Leaving:		
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