



APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS RANDOMLY AT ANYTIME DURING EMPLOYMENT

PLEASE COMPLETE ALL PAGES THOROUGHLY. (Attach Resume to this application and mail via address provided on website or Email to: dctransitionalservices@dctsinc.org)

Applying for position for *Shelter Support* *Office Support Staff* *Both Office and Shelter Support*

*Note: Case manager positions will require that you attend court periodically. (*Shelter hours may rotate*)

Full Name (*Last First Middle Maiden, Nickname*) _____

Current Address (*Street City State Zip code*)

How long _____ Social Security No. _____ - _____ - _____

Telephone *Home* (_____) _____ *Cellphone* (_____) _____ *Other* (_____) _____

If under 18, please list age _____

Position applied for (1) _____ Salary desired (2) _____

(Be specific) Days/hours available to work No Preference _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Thurs. _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When will you be available for work? _____

Education (Complete mailing address)

NUMBER OF YEARS COMPLETED _____ MAJOR & DEGREE _____

High School _____

College _____

Bus. Or Trade School _____

Professional School _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain (Having a criminal record does not exclude you from working for Davidson County Transitional Services, Inc.)

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license (Fill out only if your position requires you to transport clients)

Number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____ Verified by Staff _____

OFFICE ONLY

Yes Word Yes Typing No Word No Typing _____ WPM 10-key No Processing No _____ WPM

Personal Yes PC Computer No Mac Other _____

Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____

Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the

Space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the past five years beginning with your most recent job held.

If you were self-employed, give firm name. Attach additional sheets if necessary.

1. Name of employer _____

Address (*Street City State Zip code*) _____

Name of last supervisor _____

Employment dates _____

Phone number of contact person _____

Start Date _____ Final Date/year work _____

Job title _____

Reason for leaving (be specific) Quit _____ Fired _____ Other _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while employed

2. Name of employer _____

Address (*Street City State Zip code*) _____

Name of last supervisor _____

Employment dates _____

Phone number of contact person _____

Start Date _____ Final Date/year work _____

Job title _____

Reason for leaving (be specific) Quit _____ Fired _____ Other _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this

Company. _____

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

3. Name of employer _____

Address (Street City State Zip code) _____

Name of last supervisor _____

Employment dates _____

Phone number of contact person _____

Start Date _____ Final Date/year work _____

Job title _____

Reason for leaving (be specific) Quit ___ Fired ___ Other _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this

Company. _____

May we contact your present employer? ___ Yes ___ No

Did you complete this application yourself ___ Yes ___ No

If not, who did? _____

4. Name of employer _____

Address (Street City State Zip code) _____

Name of last supervisor _____

Employment dates _____

Phone number of contact person _____

Start Date _____ Final Date/year work _____

Job title _____

Reason for leaving (be specific) Quit ___ Fired ___ Other _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this

Company. _____

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

5. Name of employer _____

Address (Street City State Zip code) _____

Name of last supervisor _____

Employment dates _____

Phone number of contact person _____

Start Date _____ Final Date/year work _____

Job title _____

Reason for leaving (be specific) Quit Fired Other _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this

Company. _____

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

I certify that my answers are true and complete to the best of my knowledge. I authorize Davidson County Transitional Services, Inc. to make such investigations and inquiries of my personal, employment, educational, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application. (Criminal background check will be conducted; however having a criminal record does not exclude you from employment.) In the event I am employed at Davidson County Transitional Services, Inc., I understand that the false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

Office use only: Hired Yes <input type="checkbox"/> No <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> PRN <input type="checkbox"/> Start Date _____ Salary _____ Hourly Position _____ Salaried Position <input type="checkbox"/> Safe House <input type="checkbox"/> Transitional Center <input type="checkbox"/> Rotate <input type="checkbox"/> Position _____ References checked by _____ Date _____
