



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE ALL PAGES THOROUGHLY.

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 if No Preference check here _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Thurs. _____

How many hours can you work weekly? _____ Can you work nights? Yes No

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. (Criminal Background may be conducted)

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 _____

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 details. 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 you worked for this company

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.

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.

Davidson County Transitional Services (DCTS) Inc. E-Verify. www.dhs.gov/E-Verify



E-Verify® is a registered trademark of the U.S. Department of Homeland Security

Signature of Applicant: _____ **Date:** _____

Office use only: Hired Yes____ No____ F/T____ P/T____ PRN____ Start
Date____ Salary____ Hourly Position____ Salaried Position____ Safe
House____ Transitional Center____ Rotate____
Position____ References checked by _____
Date_____