

**EMAIL ADDRESS** 

### STATE OF TENNESSEE EMPLOYMENT APPLICATION

USE BLACK INK ONLY TO COMPLETE THIS APPLICATION FORM. PLEASE COMPLETE ALL REQUIRED FIELDS OR YOUR APPLICATION WILL BE RETURNED TO YOU. Please record your Social Security Number below. List the specific State of Tennessee job titles for which you are applying and the corresponding county preference. Do not use abbreviations as this may result in your application being processed for the incorrect title. County Preference Job Title/Classification PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW. PRINT CAREFULLY TO INSURE THAT YOUR INFORMATION IS ACCURATELY RECORDED INTO YOUR APPLICANT RECORD. LAST NAME FIRST NAME **MAILING ADDRESS CITY** ZIP CODE AREA CODE HOME TELEPHONE AREA CODE ALTERNATE PHONE



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#### **ATTENTION AGENCIES:**

APPLICATION FOR AN EMPLOYMENT INTERVIEW. DO NOT INCLUDE THIS PAGE IF YOU KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

VETERANS PREFERENCE: Tennessee veteran's preference is extended to applicants listed on the appointment or promotional list. To be eligible for veterans preference, you must have received an honorable

discharge from the army, navy, air force, marine corps or coast guard or any member of the reserve components, as defined in 10 U.S.C. § 10101, who performs active federal service in the armed forces of the United States. Proof of dates of military service, honorable discharge, disability, death, and residence are required and must be provided to the Department of Human Resources in order to receive Veterans Preference. A spouse or surviving spouse of a veteran is eligible if these conditions are met: as a result of such military services, the veteran suffered a one hundred (100%) percent service-connected disability or is permanently and totally disabled; or the veteran died in the line of duty during such military service; <u>and</u> the surviving spouse has not remarried since the death of the veteran.		
TO CLAIM VETERANS PREFERENCE, CHECK THE APPROPRIATE BOX BELOW AND SUBMIT PROOF AS INDICATED IN THE TABLE.		
Proof will be submitted under separate cover Proof is attached		
Proof has previously been submitted to Applicant Services		
Date of Entry in Military Service  Branch of Service:		
Month Day Year		
Date of Separation from Active Service Rank at Discharge:		
Month Day Year		
<b>SPECIAL QUALIFICATION INFORMATION</b> : Employment consideration for some jobs is limited to U.S. citizens and/or to individuals who meet minimum age requirements. If you are applying for a job for which U.S. citizenship or minimum age requirements are applicable, please provide the information in this block.		
To be considered for jobs requiring U.S. citizenship, please answer: Are you a U.S. citizen?		
To be considered for positions requiring a minimum age: Are you at least 21 years of age?:		
***OPTIONAL INFORMATION***		
The following information is for Equal Employment Opportunity/Affirmative Action purposes only. To assist the State of TN in its commitment to equal employment opportunity, applicants are asked to voluntarily provide the following information. The State of TN is authorized under federal law to retain this information for research and statistical reasons. This information will not be used in an employment decision and an applicant's failure or refusal to provide this information will not affect an applicant's employment opportunities. Data will be held confidential and only used in accordance with applicable federal law. Refusal to provide information will not subject the applicant to any adverse treatment.		
RACE: White Black Hispanic Asian or Pacific Islander Native American Indian Other		
SEX:MaleFemale		
EDUCATIONAL BACKGROUND		
Please indicate the highest level of primary or secondary education completed.		

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**Duties:** 

## STATE OF TENNESSEE EMPLOYMENT APPLICATION

1 2 3 4 5 6 7 8 9 10 11 GED High School Cert. of Diploma Completion

POSTSECONDARY EDUCATION - Please list schools attended after high school. This includes any colleges, universities or vocational schools. Did you Name and City/State of # of hours Graduate Dates Attended Date of Type of School To Completed Yes No Graduation Degree From Major LICENSES: Please list each license, certificate or other authorization to practice a trade or profession. Teachers must specify subject area and type of certification. Please make sure licensure information is current with each new application you submit. TYPE OF **EXPIRATION** AREA OF **LICENSE** ORIGINAL STATE/ISSUING **ENDORSEMENT** CERTIFICATION NO. ISSUE DATE **AGENCY** DATE EXPERIENCE BACKGROUND **INSTRUCTIONS**: To complete your work history, use the job blocks provided below and on the following pages, beginning with your present or most recent job. If necessary, you may attach additional sheets to provide your complete work history in the format shown below. It is important that you accurately describe the major responsibilities associated with each job you have held. You may submit an employment resume to supplement your application. Employment dates\_\_\_\_/\_\_\_ Job Title Starting Salary\_\_\_\_\_ Ending Salary\_\_\_\_\_ Hours per week\_\_\_\_\_ Employer Name: Employer Address: Phone\_\_\_\_\_ Name of Supervisor: # of employees you supervised Reason for leaving: Duties: Job Title\_\_\_\_\_\_ Employment dates\_\_\_\_\_/\_\_\_ Hours per week\_\_\_\_\_ Starting Salary\_\_\_\_\_ Ending Salary\_\_\_\_\_ Employer Name:\_\_\_\_\_ Phone Name of Supervisor: # of employees you supervised Reason for leaving:



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Job Title		Employment dates/
Hours per week	Starting Salary_	Ending Salary
Employer Name:		
Employer Address:		Phone
Name of Supervisor:		_# of employees you supervised
Reason for leaving:		
Duties:		
Job Title		Employment dates/
Hours per week	Starting Salary_	Ending Salary
Employer Name:		
Employer Address:		Phone
Name of Supervisor:		_# of employees you supervised
Reason for leaving:		
Duties:		

**REFERENCES**: Please provide complete information for your references below. Please make sure your reference information is current with each new application you submit.



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The State of Tennessee prohibits discrimination against applicants and employees on the basis of

NAME	ADDRESS	CITY-STATE	PHONE

race, color, sex, religion, national origin, age, disability, veteran's status, or any other category protected under federal or state law in recruitment, hiring, discharge, promotion, or any other aspect of employment.

#### **SIGNATURE:**

Under penalty of perjury, I certify that the information I am providing in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification or material misrepresentation, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future consideration. I hereby authorize the State of Tennessee to make all necessary investigations concerning me or my actions and to receive and make available to all state agencies my academic records or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution, and/or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Signature of Applicant	Date
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