



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.

Name and City/State of School	Dates Attended To From		# of hours Completed	Did you Graduate Yes No		Date of Graduation	Major	Type of Degree

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 CERTIFICATION	AREA OF ENDORSEMENT	LICENSE NO.	ORIGINAL ISSUE DATE	EXPIRATION DATE	STATE/ISSUING AGENCY

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.

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: _____



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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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Equal Opportunity Employer:

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 _____