



**Upper East Tennessee
Human Development Agency**

Upper East Tennessee Human Development Agency, Incorporated
301 Louis Street, P.O. Box 46
Kingsport, Tennessee 37662
Attention: Sandra Monger
Phone: (423) 246-6180 Fax: (423) 230-3778

Application for Employment

ANSWER ALL QUESTIONS-PLEASE PRINT IN BLACK INK OR TYPE

Date _____

Position Applied for _____

Name _____
(Last) (First) (M.I.)

Mailing Address _____
(Street and No.)

(City) (State) (Zip)

Physical Address _____
(If Different From Above)

Telephone _____
(Area Code) Home (Area Code) Work

E-Mail _____

UETHDA IS AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, disability or genetic information.

UETHDA will only accept applications when positions are available. A new application is required for each position.

Thank you for your interest in employment with us.

EDUCATION (Give Complete Educational History Below)

Circle highest school year **completed**: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____
 (Name) (City)

If you did not graduate from high school, do you have a High School Equivalency(GED)? __yes__no

Education Beyond High School	Name and Location of College or University	Years Completed	A.S., B.A., B.S., etc.	Major Subject
College or University				
Graduate or Professional				
Other Education				

List any special qualifications, foreign languages, skills, or training pertinent to this position.

Please check the computer software you are proficient using:

_____ Microsoft Word _____ Microsoft Excel _____ Microsoft Publisher _____ Microsoft Power Point

Other Software applications you are able to operate: _____

REFERENCES Use three persons who are not related to you and who would have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under employment data.

Name	Address	Telephone Number

Have you ever been employed by UETHDA? Yes No

If yes, Years employed _____ Department _____

Are you currently receiving retirement income from TCRS (Tennessee Consolidated Retirement System)?

Yes No

Who referred you to us? Employee Agency _____

Friend Newspaper ad Other _____

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
State _____ License # _____ Class _____ Endorsements _____

List below any relative (first cousin or closer) employed by any department of UETHDA.

Name	Relationship	Position Held

EMPLOYMENT DATA In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including part-time, summer, and significant volunteer work for the last 10 years. Details of unemployment must be included. Experience acquired more than 10 years ago may be summarized in one block if not applicable to the position for which you are applying.

(1) Position _____ Name of Immediate Supervisor _____

Company Name _____

Company Address _____

Company Phone Number _____ May we contact? Yes No

Employed From _____ To _____

Beginning Salary _____ Ending Salary _____ Hours Per Week _____

Reason for Leaving _____

Description of Duties and Responsibilities _____

(2) Position _____ Name of Immediate Supervisor _____

Company Name _____

Company Address _____

Company Phone Number _____ May we contact? Yes No

Employed From _____ To _____

Beginning Salary _____ Ending Salary _____ Hours Per Week _____

Reason for Leaving _____

Description of Duties and Responsibilities _____

(3) Position _____ Name of Immediate Supervisor _____

Company Name _____

Company Address _____

Company Phone Number _____ May we contact? Yes No

Employed From _____ To _____

Beginning Salary _____ Ending Salary _____ Hours Per Week _____

Reason for Leaving _____

Description of Duties and Responsibilities _____

SUPPLEMENTARY DATA

Are you a citizen of the United States? ___ Yes ___ No

If no, please list your alien registration number _____

Have you ever been convicted of an offense against the law? ___ Yes ___ No

DUI's and DWI's and all other misdemeanors and/or felonies must be included! (A conviction record will not necessarily be a bar to employment and factors such as date of the offense, seriousness, and nature of violation will be taken into consideration.)

If yes, give Date, Place, Nature of Offense/Charge and Disposition of Case _____

AUTHORIZATIONS

I authorize Upper East Tennessee Human Development Agency, Inc.'s investigation of all information contained in this application, or otherwise with regard to me, and I understand that any misrepresentation by me during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered. I will indemnify and hold harmless UETHDA against any liability which might result from making such investigation, and I hereby release UETHDA, its agents and/or employees, from any liability or damage which may result from the investigation. This authorization shall remain in effect until revoked by me in writing.

I hereby authorize any person or organization whose name I have given as reference, or by whom I have been previously employed, to furnish UETHDA any information they may have concerning me, and I hereby release all such persons and organizations from any claims for damages.

I hereby authorize investigation of any criminal records, driving records, and financial/credit records.

I agree, if employed, to abide by all the rules and regulations of UETHDA.

I understand that the completion of the "Application for Employment" does not constitute an offer of employment.

I further understand that if I am employed by UETHDA this "Application for Employment" will not constitute a contract of employment; employment is at-will.

I certify that the information I have given is true and correct.

Signature _____ Date _____
(Please sign full name)

BUS DRIVER APPLICANTS ONLY

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES ___ NO ___

Has any license, permit, or privilege ever been suspended or revoked? YES ___ NO ___

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

CLASS EQUIPMENT	TYPE OR EQUIPMENT (VAN, TANK, FLAT, ETC)	TYPE		APPROX. NO. OF MILES
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EXPERIENCE AND QUALIFICATIONS --- OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIAL YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Applicant's Signature

Date