



Upper East Tennessee  
**Human Development Agency**

301 Louis Street, P.O. Box 46  
Kingsport, Tennessee 37662  
Attention: HR Department (or email to: [astuart@uethda.org](mailto:astuart@uethda.org))  
Phone: (423) 246-6180 Fax: (423) 230-3778

## Application for Employment

**ANSWER ALL QUESTIONS-PLEASE PRINT IN INK**

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) Cell/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, age, national origin, disability unrelated to ability to do a job, gender identity, sexual orientation, military service, veteran status, pregnancy, childbirth, genetic information, or any other characteristic protected by law.

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 UETHDA.**

**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 | Email 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** \_\_\_\_\_ **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** \_\_\_\_\_ **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 \_\_\_\_\_ 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.) Head Start positions must be granted background clearance letter from Tennessee Department of Human Services before employment.

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<br>(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<br>(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