

## Application for Employment

*Thank you for your interest in working for our organization. In order to be considered for the position you are applying for, please thoroughly complete the fields below. You may submit a resume along with your completed application. Please print or type your responses in the spaces below.*

### Personal Information:

Name:		
Address:		
City:	State:	Zip:
Phone:		
Email Address:		
Are you a U.S. Citizen?	Yes	No
Are you at least 18 years of age?	Yes	No
Have you ever served in the U.S. Armed Forces?	Yes	No

If yes, please list the branch of service, dates of service, rank, and job title:

If selected, are you willing to submit to a pre-employment drug screening and/or background check?	Yes	No
Have you ever been employed by UCHRA?	Yes	No
Do you currently have any relatives working for UCHRA or are you a member of any board/committee affiliated with UCHRA?	Yes	No
If yes, please state the relative's name and relationship:		
Have you ever been employed with UCHRA previously?	Yes	No
If yes, please list the position you held and the dates you worked for UCHRA:		
Are you able to travel if the job requires it?	Yes	No
Has your driving license ever been suspended or revoked?	Yes	No
Have you ever been convicted of a crime?	Yes	No
If yes, please explain:		

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**Position:**

Position you are applying for:	
Employment Type Desired: (Please Circle)	Full-Time    Part-Time    Seasonal/Temporary    Internship
Available Start Date:	
Desired Pay:	
Days/Hours Available for Work:	
Please list all Upper Cumberland counties you are available to work in:	

**Education and Certification:**

School Name/Certifying Institution	Location	Years Attended	Diploma/Degree/Certification	Major

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## Employment History:

Employer:	Dates Employed:
Job Title:	Beginning and Ending Rate of Pay:
Address/Location:	
Supervisor:	Work Phone:
Reason for leaving:	
May we contact this employer?	Yes No

Employer:	Dates Employed:
Job Title:	Beginning and Ending Rate of Pay:
Address/Location:	
Supervisor:	Work Phone:
Reason for leaving:	
May we contact this employer?	Yes No

Employer:	Dates Employed:
Job Title:	Beginning and Ending Rate of Pay:
Address/Location:	
Supervisor:	Work Phone:
Reason for leaving:	
May we contact this employer?	Yes No

## References:

Name	Title	Company	Location	Phone Number:

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Upper Cumberland Human Resource Agency is an Equal Opportunity Employer. Reasonable accommodations are available upon request.

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### Signature Disclaimer:

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Upper Cumberland Human Resource Agency that such employment with the Agency is at will, for no specified duration and may be terminated by either the Agency or myself at any time, with or without cause or notice.

I understand that none of the documents, policies, procedures, actions, statements of the Upper Cumberland Human Resource Agency or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Agency, except the Executive Director, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of the Upper Cumberland Human Resource Agency.

In consideration for employment with the Upper Cumberland Human Resource Agency, if employed, I agree to conform to the rules, regulations, policies and procedures of the Agency at all times and understand that such obedience is a condition of employment. I understand that if offered a position with the Upper Cumberland Human Resource Agency, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Upper Cumberland Human Resource Agency and / or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

***BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE STATEMENTS AS LISTED ABOVE.***

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Signature

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Name (Please print)

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Date

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