



801 12th Avenue South
 Nashville, TN 37203
 Phone: 615-242-3576
 Fax: 615-242-3580

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position(s) Applied for:		Date of Application
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____
Last Name	First Name	Middle Name
Address Number	Street	City
		State
		Zip Code
Telephone Number(s)		Social Security Number

Best time to contact is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No. If yes, give date: _____

Have you ever been employed with us before? Yes No. If yes, give date: _____

Do any of your friends or relatives, other than spouse, work here? Yes No. If yes, state name, relationship and location: _____.

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 Yes No. (Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a felony within the past seven years? Yes No
 (Such conviction may be relevant if job related, but may not necessarily bar you from employment.)

If "Yes," please explain: _____

Are you presently using any type of illegal drug? Yes No

Date available to work: _____ What is your desired salary range? _____

Are you available to work: Full-Time Part-Time (indicate mornings / afternoons / evenings): _____
 Temporary (indicate when available): _____

Are you currently on "lay-off" status and subject to recall? Yes No

Do you possess a valid Driver's License? Yes No

WORK EXPERIENCE:

Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Job Title:		
Address:	Supervisor: May we contact?:		
Telephone #:	Reason for Leaving?		
Dates Employed:	Starting Salary:	Final Salary:	
<hr/>			
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Telephone #:	Reason for Leaving?		
Dates Employed:	Starting Salary:	Final Salary:	
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Dates Employed:	Starting Salary:	Final Salary:	

EDUCATION:

School	Name/Address of School	Course of Study	Year Completed	Degree Obtained
High School				
Undergraduate				
Graduate				
Other				

List any professional trade, business or civic activities and offices held:
Summarize special job-related skills, specialized skills or qualifications acquired from employment or other experience:
State any additional information you feel may be helpful to us in considering your application:

3 PERSONAL PROFESSIONAL REFERENCES. Do not include family members or past supervisors.

Name	Phone Number	Known for 5 Years?	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including soliciting information concerning previous employment, education, criminal and civil records and motor vehicle driving records (MVR).

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without actual cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

Date