

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS A VERY IMPORTANT PART OF THE EXAMINATION PROCESS. ALL REQUIRED INFORMATION MUST BE FURNISHED. PLEASE BE AWARE THAT THE INFORMATION YOU PROVIDE WILL BE USED IN THE JOB SCREENING PROCESS. THEREFORE, IT IS IMPORTANT THAT YOU BE AS SPECIFIC AS POSSIBLE IN YOUR DESCRIPTION OF PAST AND PRESENT EXPERIENCES, TRAINING AND EDUCATION. ANSWER ALL QUESTIONS FULLY AND ACCURATELY. IF ADDITIONAL SPACE IS NEEDED PLEASE USE A BLANK SHEET AND ATTACH IT TO THE APPLICATION FORM. IF AN ITEM DOES NOT APPLY TO YOU, OR IF THERE IS NO INFORMATION TO BE GIVEN, PLEASE WRITE IN THE LETTERS "N.A." FOR NOT APPLICABLE. THIS APPLICATION WILL BE HELD IN OUR FILES FOR ONE YEAR FROM DATE OF THIS APPLICATION.

(PLEASE PRINT)

DATE _____

POSITION DESIRED _____

PERSONAL DATA

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

ARE YOU A U.S. CITIZEN? _____ YES _____ NO

If no, are you eligible to work in this country? _____ YES _____ NO

ARE YOU NOW EMPLOYED? _____ YES _____ NO

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU ON A LAYOFF AND SUBJECT TO RECALL? _____ YES _____ NO

ARE YOU AVAILABLE TO WORK _____ FULL-TIME _____ PART-TIME

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION AND TRAINING

ELEMENTARY SCHOOL ATTENDED _____
NAME CITY STATE

HIGH SCHOOL ATTENDED _____
NAME CITY STATE

MAJOR COURSE OF STUDY _____

COLLEGE UNIVERSITY, TRADE OR BUSINESS SCHOOL ATTENDED. GIVE NAME, CITY, STATE,
DEGREE EARNED AND THE MAJOR COURSE OF STUDY. _____

OTHER TRAINING RECEIVED (special courses, work training programs, armed forces training, etc.) _____

SPECIAL QUALIFICATIONS AND SKILLS (licenses, skills with machines, patents or inventions, publications)

MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ YES _____ NO

IF YES, WHAT BRANCH? _____

DATES OF DUTY: FROM _____ TO _____

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LIST BELOW ALL PRESENT AND PAST EMPLOYMENT INFORMATION BEGINNING WITH THE MOST RECENT POSITION AND ENDING WITH YOUR FIRST, IF APPROPRIATE. TAKE TIME TO FILL IN THESE BLOCKS CAREFULLY. YOUR QUALIFICATIONS DEPEND IN A LARGE PART ON YOUR EMPLOYMENT HISTORY.

MAY INQUIRIES BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR QUALIFICATIONS AND RECORD OF EMPLOYMENT? (A "NO" WILL NOT AFFECT YOUR CONSIDERATION FOR EMPLOYMENT) _____ YES _____ NO

1. EMPLOYER
TITLE OF POSITION

FROM _____ TO _____

ADDRESS
SUPERVISOR

CITY, STATE, ZIP CODE
TELEPHONE NUMBER

DUTIES AND/OR RESPONSIBILITIES
SALARY HISTORY
STARTING ENDING
\$ _____ \$ _____

2. EMPLOYER
TITLE OF POSITION

FROM _____ TO _____

ADDRESS
SUPERVISOR

CITY, STATE, ZIP CODE
TELEPHONE NUMBER

DUTIES AND/OR RESPONSIBILITIES
SALARY HISTORY
STARTING ENDING
\$ _____ \$ _____

3. EMPLOYER

TITLE OF POSITION

FROM _____ TO _____

ADDRESS

SUPERVISOR

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

DUTIES AND/OR RESPONSIBILITIES

SALARY HISTORY
STARTING ENDING

\$ _____ \$ _____

4. EMPLOYER

TITLE OF POSITION

FROM _____ TO _____

ADDRESS

SUPERVISOR

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

DUTIES AND/OR RESPONSIBILITIES

SALARY HISTORY
STARTING ENDING

\$ _____ \$ _____

REFERENCES

PLEASE LIST THREE PERSONS, OTHER THAN RELATIVES OR FORMER EMPLOYEES WHO HAVE KNOWLEDGE OF YOUR CHARACTER AND/OR ABILITIES.

Name Address Years Known Telephone No.

Name Address Years Known Telephone No.

Name Address Years Known Telephone No.

NOTIFY IN CASE OF AN EMERGENCY

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

APPLICANT'S STATEMENT _ *IMPORTANT*

I, HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSION MAY DISQUALIFY ME AND MY APPLICATION FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

I AUTHORIZE PERSONS, SCHOOLS, MY CURRENT EMPLOYER (IF APPLICABLE), AND PREVIOUS EMPLOYERS AND ORGANIZATIONS NAMED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) TO PROVIDE ANY RELEVANT INFORMATION THAT MAY BE REQUIRED TO ARRIVE AT AN EMPLOYMENT DECISION.

SIGNATURE

DATE

**EMPLOYMENT APPLICATION
VOLUNTARY SURVEY**

NOTE: GOVERNMENT AGENCIES AT TIMES REQUIRE PERIODIC REPORTS ON THE SEX, ETHNICITY, HANDICAPPED, VETERAN AND OTHER PROTECTED STATUS OF APPLICANTS. SUBMISSION OF INFORMATION IS VOLUNTARY. THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. FEDERAL LAW ALSO PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO CERTAIN INDIVIDUALS. THE LAWS OF MOST STATES ALSO PROHIBITS SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATION AS WELL AS SOME ADDITIONAL TYPES SUCH AS DISCRIMINATION BASED UPON ANCESTRY, MARITAL STATUS OR PHYSICAL OR MENTAL HANDICAP OR DISABILITY. AGAIN, SUBMISSION OF INFORMATION IS VOLUNTARY.

MALE _____ FEMALE _____ HEIGHT _____ WEIGHT _____

MARITAL STATUS: SINGLE _____ ENGAGED _____ MARRIED _____
DIVORCED _____ WIDOWED _____

DATE OF MARRIAGE _____ NUMBER OF DEPENDENTS INCLUDING YOURSELF _____

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____

PREVIOUS ADDRESS _____
STREET CITY STATE ZIP CODE

ARE YOU OVER THE AGE OF EIGHTEEN? _____ YES _____ NO

If employed and you are under 18, can you furnish a work permit? _____ Yes _____ No

HAVE YOU EVER BEEN BONDED? _____ YES _____ NO. If yes, on what jobs? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, IN THE PAST TEN YEARS WHICH HAS NOT BEEN ANNULLED OR EXPUNGED OR SEALED BY A COURT? _____ YES _____ NO If yes, describe in full _____

DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE PARTICULAR JOB FOR WHICH YOU ARE APPLYING? _____ YES _____ NO. If yes, please describe such condition and explain how you can perform the job for which you are applying in spite of those conditions _____

DO YOU HAVE ANY PHYSICAL DEFECTS WHICH PRECLUDE YOU FROM PERFORMING CERTAIN KINDS OF WORK? _____ YES _____ NO. If yes, describe such defects and specific work limitations _____

VOLUNTARY SURVEY CONTINUED:

HAVE YOU OR ANY OF YOUR DEPENDENTS HAD A MAJOR ILLNESS IN THE PAST 5 YEARS?

_____ YES _____ NO If yes, describe _____

HAVE YOU RECEIVED COMPENSATION FOR INJURIES? _____ YES _____ NO
If yes, describe _____

LIST ANY FRIENDS OR RELATIVES WORKING FOR GREATER DICKSON GAS AUTHORITY, OTHER
THAN SPOUSE

