



## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

This application is an essential 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. Please specifically describe past and present experiences, training, and education. Answer all questions truthfully. Please attach a blank sheet of paper to the application form if additional space is needed. 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 three months from submission.

(PLEASE PRINT)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THIS COUNTRY? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU OVER THE AGE OF 18? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU CURRENTLY LICENSED TO DRIVE A VEHICLE IN TENNESSEE? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

WOULD YOU BE AVAILABLE TO WORK OVERTIME? \_\_\_\_\_ YES \_\_\_\_\_ NO

CAN YOU PERFORM THE JOB'S ESSENTIAL FUNCTIONS WITH OR WITHOUT REASONABLE  
ACCOMMODATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHAT REASONABLE ACCOMMODATIONS WOULD YOU REQUIRE? \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY RELATIVE(S) OR FRIEND(S) WHO WORK FOR GDGA? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PLEASE PROVIDE NAME(S):

\_\_\_\_\_

**EDUCATION AND TRAINING**

HIGH SCHOOL  
ATTENDED

NAME

CITY

STATE

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

## EMPLOYMENT HISTORY

**Please list all present and past employment information below, beginning with the most recent position.**

MAY INQUIRIES BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR QUALIFICATIONS  
AND RECORD OF EMPLOYMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE ENDED: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SALARY STARTING \$ \_\_\_\_\_ SALARY CURRENT/ENDING \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE ENDED: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SALARY STARTING \$ \_\_\_\_\_ SALARY CURRENT/ENDING \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ DATE ENDED: \_\_\_\_\_

DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SALARY STARTING \$ \_\_\_\_\_ SALARY CURRENT/ENDING \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

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### **REFERENCES**

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

Name	Address	Years Known	Telephone No.
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Name	Address	Years Known	Telephone No.
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Name	Address	Years Known	Telephone No.
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### **APPLICANT'S CERTIFICATION**

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND PROVIDING FALSE OR MISLEADING INFORMATION WILL BE THE BASIS FOR THE REJECTION OF MY APPLICATION, OR IF EMPLOYMENT COMMENCES, IMMEDIATE TERMINATION.

I AUTHORIZE PERSONS, SCHOOLS, EMPLOYERS, AND /OR 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.

I UNDERSTAND THAT TENNESSEE IS AN "AT-WILL" EMPLOYMENT STATE AND THE GREATER DICKSON GAS AUTHORITY IS AN "AT-WILL" EMPLOYER.

I CAREFULLY READ AND UNDERSTAND THE CERTIFICATION ABOVE AND AGREE TO THE TERMS.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**