

# EMPLOYMENT APPLICATION

**SOUTHWEST HUMAN RESOURCE AGENCY  
P.O. BOX 264 - 1527 WHITE AVENUE  
HENDERSON, TENNESSEE 38340**

## AN EQUAL OPPORTUNITY EMPLOYER

1. Position Applied For: \_\_\_\_\_ 2. Referred By: \_\_\_\_\_

3. Minimum Accepted Salary: \_\_\_\_\_ 4. Date: \_\_\_\_\_

5. \_\_\_\_\_  
Last Name First Name Middle Initial

6. \_\_\_\_\_  
Street Address City State Zip Code Phone (1)

\_\_\_\_\_  
Mailing Address City State Zip Code Phone (2)

7. Social Security Number: \_\_\_\_\_

8. Have you ever been arrested and convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" furnish dates, places, and nature of offense and penalties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List all organizations to which you belong or have belonged, except strictly religious organizations:

Organization/Address	Nature/Purpose	Membership Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Volunteer or Community Work:

Please list any and all work that you have done for residents of local communities, on a volunteer or paid basis, which may have a relationship to the child development or community assistance programs of Community Services Administration. For example, church work as an Elder, Deacon, Sunday School Teacher, Chairman or Committeeman or Field Worker in fund raising activity, civic work including registration, PTA leadership activities, leadership in scout work, experience and preparation for many types of Community Services Administration jobs.

Organization/Employer	Dates	Nature of Work	Paid/Volunteer
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 11. Education

	School Name/Address	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## 12.

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

## 13.

Describe any specialized training, apprenticeship, skills, licenses and/or certificates that may qualify you to fill the position for which you are applying.

## 14.

State any additional information you feel may be helpful to us in considering your application.

**Affirmative Action**  
**Voluntary Information**

**COMPLETION OF INFORMATION BELOW IS VOLUNTARY**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by the applicant on a voluntary basis. Not for interview purposes.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is **not** a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

**Applicant Information:**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Address \_\_\_\_\_  
Mailing City State Zip Code

Telephone (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

Male  Female Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Birth Place (City, State) \_\_\_\_\_ Birth Date \_\_\_\_\_ Height/Weight \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

**Please check one of the following Equal Opportunity Identification Groups:**

White (not of Hispanic origin)  Black (not of Hispanic origin)  Hispanic

American Indian/Alaskan Native  Asian/Pacific Islander

## EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

15.	Employer ( ) Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
	Address	From	To	
	Starting Job Title/Final Job Title	Hourly Rates/Salary		
	Immediate Supervisor Name and Title	Starting		
	Reason for Leaving	\$	PER	
	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later	Hourly Rates/Salary		
		Final		
16.	Employer ( ) Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
	Address	From	To	
	Starting Job Title/Final Job Title	Hourly Rates/Salary		
	Immediate Supervisor Name and Title	Starting		
	Reason for Leaving	\$	PER	
	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later	Hourly Rates/Salary		
		Final		
17.	Employer ( ) Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
	Address	From	To	
	Starting Job Title/Final Job Title	Hourly Rates/Salary		
	Immediate Supervisor Name and Title	Starting		
	Reason for Leaving	\$	PER	
	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later	Hourly Rates/Salary		
		Final		
18.	Employer ( ) Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
	Address	From	To	
	Starting Job Title/Final Job Title	Hourly Rates/Salary		
	Immediate Supervisor Name and Title	Starting		
	Reason for Leaving	\$	PER	
	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later	Hourly Rates/Salary		
		Final		

**Comments:** Including explanation of any gaps in employment

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Give at least four (4) references other than relatives and supervisors:

Name	Address (Street, City, State)	Phone	How long known

### **Applicant Certification**

I certify the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize a background and credit investigation if deemed necessary by the Agency. If employed, I understand I will be a probationary employee for six (6) months, plus periods of absence or layoff, during which time the Agency or myself may terminate the employment relationship without prior warning or notice. I further acknowledge that if I am employed by the Agency, my employment is subject to termination with or without cause, at any time, by either me or the Agency. I understand that no representative of the Agency other than the Executive Director has authority to enter into any agreement for employment for any specified period of time. I consent to a physical examination, which may include a drug use screening test, either prior to commencing work, during my probationary period, or at any subsequent time as deemed necessary by the Agency. I authorize any of the persons, previous employers or educational institutions named in this application to release to this Agency, to which I am applying for employment, any and all information they might have concerning me, including records of disciplinary action and reasons for termination of employment. I release all such parties from all liability which may result from furnishing such information. A photocopy of this authorization shall be my authorization for release of information.

\_\_\_\_\_  
Applicant's Signature

**Affirmative Action**  
**Voluntary Information**

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**Applicant Information:**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Address \_\_\_\_\_  
Mailing City State Zip Code

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Other ( \_\_\_\_\_ ) \_\_\_\_\_

Male  Female Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Birth Place (City, State) \_\_\_\_\_ Birth Date \_\_\_\_\_ Height/Weight \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

**Please check one of the following Equal Opportunity Identification Groups:**

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander