

Clinch-Powell Educational Cooperative
P.O. Box 279, Tazewell, Tennessee 37879

APPLICATION FOR EMPLOYMENT

Office Use Only Box

Federal and State laws prohibit discrimination in employment because of race, color, creed, age, sex, marital status, national origin, physical or mental impairment, or medical condition.

Please read carefully, write clearly and answer all questions.

P E R S O N A L	Last Name First Middle			Date
	Street Address			Home ()
	City, State, Zip Code			Work ()
	Position Desired Second Choice		SSN	
	Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			Pay Expected
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month/year			Location
	Are you a present or previous Head Start parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available for work?
	Are you either a U.S. citizen or an alien who has the legal right to work in the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you willing to take a drug test at our expense upon a conditional offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you, since the age of 18, been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Can you safely perform the essential functions of the position for which you are applying? <input type="checkbox"/> Y <input type="checkbox"/> No			If yes, explain and give dates.
Have you ever been involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain and give dates.				

E D U C A T I O N	School	Name and Location of School	Course of Study	# of Years	Did You Graduate	Degree or Diploma?
	Graduate					
	College					
	Business/Trade/Technical					
	High School					
	Other					

Computer Skills/Licenses/Certifications:

Interviewed By:

Date:

Time:

E M P L O Y M E N T H I S T O R Y

Company Name	Telephone ()
Address	Employed (Month/Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed (Month/Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed (Month/Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed (Month/Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

R E F E R E N C E S

Give name(s) of persons we may contact to verify your qualifications for this position.

Name and Address	Occupation	Business
	Home ()	Work ()
Name and Address	Occupation	Business
	Home ()	Work ()
Name and Address	Occupation	Business
	Home ()	Work ()

AFFIDAVIT - I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employees, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing information. I also understand a conditional offer of employment may be based on results of a later medical examination, if accepted for employment. I hereby agree to abide by the rules, policies and procedures of my employer. Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause at any time at the option of either myself or employer.

Signature: _____

Date: _____

NOTE: Use a separate sheet to write a brief paragraph detailing why you are seeking this position and the qualities you will bring to Clinch-Powell Educational Cooperative.