

**Southeast Tennessee Human
Resource Agency**

312 Resource Road/P.O. Box 909
Dunlap, TN 37327
Office: 423-949-2191 – Fax: 423-949-4023

**EMPLOYMENT
APPLICATION**

SETHRA is an equal opportunity employer

PERSONAL INFORMATION

Name (Last, First, Middle): _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ E-mail Address: _____

Are you legally authorized to work in the United States? Circle one: Yes No

Please provide Visa No. and Expiration Date: _____

Have you ever worked for this company? Yes: No: When: _____

Do you have any friends or relatives working for SETHRA? Yes: No: Who: _____

Position Notice:
Some positions may require a criminal background check. You may be required to provide information about your criminal history in order to be considered for this position.

Position You Are Applying For: _____

___ Part-Time ___ Full Time Salary Requirement: _____

Referred by: _____ Date You Can Start: _____

EDUCATION RECORD

High School (Name, City, State): _____

Business or Technical School (Name, City, State): _____

Degree Earned: _____

Undergraduate College (Name, City, State): _____

Degree, Major: _____

Graduate School (Name, City, State): _____

Degree, Subject: _____

WORK HISTORY
(PROVIDE WORK HISTORY CONTAINING A CONTINUOUS DESCRIPTION OF
ACTIVITIES OVER THE PAST FIVE (5) YEARS)

1-Employer

Dates Employed :

Address:

Phone:

City:

State:

Zip:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

2-Employer

Dates Employed:

Address:

Phone:

City:

State:

Zip:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

3-Employer

Dates Employed:

Address:

Phone:

City:

State:

Zip:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

4-Employer

Dates Employed:

Address:

Phone:

City:

State:

Zip:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

LIST THREE INDIVIDUALS AS PERSONAL REFERENCES, ONE (1) OF WHOM YOU HAVE
KNOWN FOR AT LEAST FIVE (5) YEAR

1-Name:	Dates and Years:	
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		

2-Name:	Dates and Years:	
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		

3-Name:	Dates and Years:	
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		

PLEASE READ AND SIGN

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS EXECUTIVE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 365 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.

Signature:	Date:
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**SOUTHEAST TENNESSE HUMAN RESOURCE AGENCY
EEOC COMPLIANCE QUESTIONNAIRE**

THE FOLLOWING INFORMATION IS REQUESTED FOR COMPLIANCE WITH FEDERAL LAWS ASSURING EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER OR SEX, (INCLUDING SEXUAL PREFERENCE OR SEXUAL ORIENTATION), NATIONAL ORIGIN, AGE, DISABILITY, GENETIC INFORMATION, MILITARY OR VETERAN STATUS OR ANY OTHER LEGALLY-PROTECTED CATEGORY.

THE INFORMATION REQUESTED IS VOLUNTARY AND WILL REMAIN SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

1. Application Date ____ / ____ / ____

2. Applicant Name (Last Name, First Name, and Middle Initial)

3. Applicant Address (Street Address, City, State and Zip Code)

4. EEO Codes (Enter number in box)

- 1. White (Not Hispanic or Latino)
- 2. Black of African American (Not Hispanic or Latino)
- 3. Hispanic or Latino
- 4. Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- 5. Asian (Not Hispanic or Latino)
- 6. American Indian or Alaskan Native (Not Hispanic or Latino)
- 7. Two or More Races (Not Hispanic or Latino)

5. Male _____ Female _____

Position Applying For:

6. Disabled _____ Veteran _____

7. Referral Source (Enter letter in box)

- | | |
|------------------------------|-------------------------------|
| A – Walk in / Write in | E – Minority Referral Agency |
| B – Ad Response | G – Private Employment Agency |
| C – State Employment Agency | H -- Other |
| D – College Placement Office | |

8. For Employer Purposes Only:

EEO Category

- ___ Officials & Administrators
- ___ Technicians
- ___ Paraprofessional
- ___ Skilled Craft

- ___ Professionals
- ___ Protective Service
- ___ Admin Support
- ___ Service Maintenance

Applicant's Signature

Date Completed

Applicant's Printed Name