

**UPPER CUMBERLAND  
HUMAN RESOURCE AGENCY  
EMPLOYMENT APPLICATION**

An Equal Opportunity Employer / Programs  
Auxiliary Aides / Services Available Upon  
Request To Individuals With Disabilities

580 South Jefferson Avenue  
Suite B  
Cookeville, Tennessee 38501  
(931) 528-1127 Voice  
(931) 526-8305 Facsimile  
1-800-848-0298 TDD

Application Date \_\_\_\_\_

Social Security Number XXX-XX-\_\_\_\_\_

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

Address \_\_\_\_\_  
Street City State ZIP Area Code/Telephone Number

Position applied for \_\_\_\_\_

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Wage requirement \$ \_\_\_\_\_

If part time, specify days/hours \_\_\_\_\_

Have you filed an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No Position \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there anything that affects your ability to perform job-related functions? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever served in the U.S. Armed Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch \_\_\_\_\_ Served From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job \_\_\_\_\_ Rank \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give details: \_\_\_\_\_

Can you travel if the job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your driving license ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain \_\_\_\_\_

Circle Highest Education Completed    1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17+

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Name of School	Course of Study	Diploma / Degree
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High School \_\_\_\_\_

Business \_\_\_\_\_

Apprentice or Trade \_\_\_\_\_

College/University \_\_\_\_\_

Graduate/Professional \_\_\_\_\_

Are you pursuing a course of study now?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, name and location of institution \_\_\_\_\_

List licenses or certifications you possess \_\_\_\_\_

Achievements:

\_\_\_\_\_  
\_\_\_\_\_

Memberships:

\_\_\_\_\_  
\_\_\_\_\_

List equipment and/or software you have work experience with:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Personal References (non-relatives):

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Name	Telephone Number	Street Address	City	State	ZIP
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Name	Telephone Number	Street Address	City	State	ZIP
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Name	Telephone Number	Street Address	City	State	ZIP
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## READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompany or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Upper Cumberland Human Resource Agency that such employment with the Agency is at will, for no specified duration and may be terminated by either the Agency or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the Upper Cumberland Human Resource Agency or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Agency except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of the Upper Cumberland Human Resource Agency.

In consideration for employment with the Upper Cumberland Human Resource Agency, if employed, I agree to conform to the rules, regulations, policies and procedures of the Agency at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the Upper Cumberland Human Resource Agency, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Upper Cumberland Human Resource Agency and / or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for sixty (60) days. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

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Signature

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Date

## VOLUNTARY AFFIRMATIVE ACTION INFORMATION

We consider applicants without regard to race, color, religion, sex, national origin, age, marital status or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

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Date \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

### REFERRAL SOURCE

- ADVERTISEMENT       RELATIVE       WALK IN       SCHOOL  
 GOVERNMENT EMPLOYMENT AGENCY       PRIVATE EMPLOYMENT AGENCY  
 OTHER \_\_\_\_\_

NAME OF SOURCE (IF APPLICABLE) \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_  
Last                      First                      Middle                      Area Code                      Phone

ADDRESS \_\_\_\_\_  
Street    City    State                      ZIP

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE .....  MALE       FEMALE

### CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

- AMERICAN INDIAN OR ALASKA NATIVE       ASIAN  
 BLACK OR AFRICAN AMERICAN       WHITE  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
 HISPANIC OR LATINO (White race only)       HISPANIC OR LATINO (All other races)

### CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

- VIETNAM ERA VETERAN       DISABLED VETERAN       HANDICAPPED INDIVIDUAL

**TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATION**