

**UPPER CUMBERLAND
HUMAN RESOURCE AGENCY
EMPLOYMENT APPLICATION**
Covering the Needs of Our Community
An Equal Opportunity Employer / Programs

Auxiliary Aides / Services Available Upon
Request to Individuals With Disabilities

3313 Williams Enterprise Drive
Cookeville, Tennessee 38506
(931) 528-1127 Voice
(931) 526-8305 Facsimile
1-800-848-0298 TDD

Application Date _____

Social Security Number _____

Name _____
Last First Middle

Address _____
Street City State ZIP Area Code/Telephone Number

Position applied for (Do not leave blank or write "anything") _____

_____ 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? If not, state your age: _____

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 major crime? _____ Yes _____ No Not an automatic disqualification

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 _____

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.

Signature

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.

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