**Community Development Center**

113 Eaglette Way • Shelbyville, Tennessee 37160

Phone: 931.684.8681 • Fax: 931.684.9431

*“Reaching Out To Serve”*

**Employment Application**

We are an Equal Opportunity Employer, considering all applicants without regard to

race, color, religion, sex, sexual orientation or expression, national origin, age,

marital status, veteran status, disability, or any legally-protected status.

*Please Print*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  |  |  |
|  |
| Address |  | City | State/Zip | County |
|  |  |  |  |
| Preferred Phone Number | Preferred Time | Email Address |  |  |
|  |  |  |
| Are you lawfully able to work in the US? |  | Have You Ever Been Convicted Of A Felony? |
| Yes [ ]  | No [ ]  | Yes [ ]  | No [ ]  |  |
| If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screen? |
| Yes [ ]  | No [ ]  |  |  |  |
|  |  |  |  |  |
| Position for Which You Are Applying | Available Start Date |  |  |
|  |  |  |

Employment Desired

€ Full Time € Part Time € Temporary € Volunteer € Internship

Have you previously applied for a position here? € Yes € No Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously been employed here? € Yes € No Dates \_\_\_\_\_\_\_\_\_\_\_\_\_

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor/Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer  |  | Job Title |  | Dates Employed |
|  |  |  |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|  |  |  |
| Address |  | City | State | Zip |

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

May we contact this employer? Yes No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer  |  | Job Title |  | Dates Employed |
|  |  |  |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|  |  |  |
| Address |  | City | State | Zip |

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May we contact this employer? Yes No

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer  |  | Job Title |  | Dates Employed |
|  |  |  |
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|  |  |  |
| Address |  | City | State | Zip |

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May we contact this employer? Yes No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer  |  | Job Title |  | Dates Employed |
|  |  |  |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|  |  |  |
| Address |  | City | State | Zip |

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May we contact this employer? Yes No

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***References*** |  |  |  |  |
| Name | Title | Relationship | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Education***

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School | Location | Degree Major | Graduated |
|  |  |  | Yes \_\_\_\_ No \_\_\_\_  |
|  |  |  | Yes \_\_\_\_ No\_\_\_\_ |
|  |  |  | Yes \_\_\_ No \_\_\_\_ |

Please indicate any office or computer skills:

Microsoft Office: \_\_\_\_\_ Excel \_\_\_\_\_ Word \_\_\_\_\_ Publisher \_\_\_\_\_ PowerPoint

\_\_\_\_\_ Accounting Software \_\_\_\_\_ Database Management \_\_\_\_\_ Other Desktop Publishing

Professional Certificates/Licenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please read carefully and sign:*

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that any false or misleading information or intentional omissions can be sufficient grounds for refusal to hire or termination without notice. I acknowledge that completion of this application is not an offer or promise of employment. I also understand that if offered a position, that it is employment “at will,” meaning either party may terminate the employment relationship without cause.

Applicant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received in HR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_