

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, sexual preference, or disability. It is our intention that all qualified applicants be given an equal opportunity and that selection decisions be based on job-related factors.

Each Question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions, are intended to imply illegal preferences or discriminations based upon non-job-related information.

Job Applied For: _____ Date: _____
Are you seeking :Full time ___ Part time ___ Temporary ___ When could you begin work? _____

Last Name First Name Middle Initial Telephone Number

Current Address City State Zip Code

Are you 18 yrs or older Yes ___ No ___ (If you are hired you may be required to submit proof of age)

Social Security Number _____
(if hired, can you furnish proof that you are eligible to work in the US? Yes ___ No___

Have you ever applied here before? Yes ___ No ___ If yes, When? _____

Were you ever employed here? Yes ___ No ___ If yes, When? _____

Are you now or do you expect to be engaged in any other business or employment? Yes ___ No ___
If Yes, Explain _____

For driving Jobs **Only:** Do you have a valid driver's license? Yes ___ No ___
Driver's License Number _____ Class of License: _____
Have you had a valid driver's license suspended or revoked in the last 3 years? Yes ___ No ___
If Yes, Give details: _____

List professional, trade, business or civic activities and offices held. (exclude labor organizations and memberships which reveal Race, color, religion, national origin, sex, age, sexual preference, disability or other protected status.): _____

# of years Completed	Diploma/ Degree Certificate	Subject Studied
-------------------------	-----------------------------------	--------------------

LIST NAME AND ADDRESSES OF SCHOOLS:

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Provide month and year for employment dates.

Name of Employer:	Job Title & Duties:
-------------------	---------------------

Address:	Dates of Employment:
	From: To:

City,State,Zip	Pay:Start \$	Final\$
----------------	--------------	---------

Supervisor:	Telephone:	Reason for Leaving:
-------------	------------	---------------------

Name of Employer:	Job Title & Duties:
-------------------	---------------------

Address:	Dates of Employment:
	From: To:

City,State,Zip	Pay:Start \$	Final\$
----------------	--------------	---------

Supervisor:	Telephone:	Reason for Leaving:
-------------	------------	---------------------

Name of Employer:	Job Title & Duties:
-------------------	---------------------

Address:	Dates of Employment:
	From: To:

City,State,Zip	Pay:Start \$	Final\$
----------------	--------------	---------

Supervisor:	Telephone:	Reason for Leaving:
-------------	------------	---------------------

--

Have you worked or attended schools under any other name? Yes ___ No ___

If yes, give name: _____

Are you presently employed? Yes ___ No ___

If yes, may we contact your present employer? Yes ___ No ___

Have you ever been fired from a job or asked to resign? Yes ___ No ___

If yes, please explain _____

Give three references, not relatives or former employers

Name

Address

Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigate consumer reporting from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employer, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT, NOT GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time.
Ask the organization representative for details.

Revised 09/01/14

I understand the information requested on this form is for the sole purpose of conducting a pre-employment search and should be completed only by a candidate who has been offered (or is being considered for) a position with the company. In giving this consent, I understand that a consumer report, court records, professional license records, social security records, or worker's compensation records may be requested and a search conducted to determine my suitability for employment. (Workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or other applicable state laws). I further understand if employment is denied in whole or in part because of information obtained by my employer or prospective employer from a consumer reporting agency, I have the right to make a written request within a reasonable time to receive information about the scope and nature of the search. I understand all of the information below is requested for the sole purpose of gathering information accurately and will not be used to discriminate against me in violation of the law. A facsimile or photographic copy of this authorization shall be as valid as the original. I also authorize all of my former employers (including personal and business references or self-employment) to provide any information they have regarding me, whether or not it is in their records, and hereby release all parties from all liability for furnishing information.

May we contact your present employer? Yes _____ No _____

Candidate's Signature: (signature is required below)

_____ Date: _____
Signature

_____ _____ _____
Last Name First Name Middle Name

_____ _____ _____ M ___ F ___
Maiden or Other Name Social Security # Date of Birth Sex

Current Address:

_____ _____ _____ _____
Street City State Zip

_____ _____ (_____) _____
County Yrs in Residence Phone Number

Previous Address:

_____ _____ _____ _____
Street City State Zip

_____ _____ (_____) _____
County Yrs in Residence Phone Number

Please Provide The Information Listed Below:

Employment Verification

1. _____
 Company Name Telephone Number

 Company Address Job Position

From _____ To _____ \$ _____
 Date of Employment Salary Supervisor

 Reason for Leaving

2. _____
 Company Name Telephone Number

 Company Address Job Position

From _____ To _____ \$ _____
 Date of Employment Salary Supervisor

 Reason for Leaving

3. _____
 Company Name Telephone Number

 Company Address Job Position

From _____ To _____ \$ _____
 Date of Employment Salary Supervisor

 Reason for Leaving

Education Degrees Achieved

Degree: _____ School: _____
 City: _____ State _____ Year: _____

Professional Licenses Earned

License: _____ License No: _____ State _____
 Driver's License

 Driver's License Number State of Issue Date Issued

Please Print Your Name Exactly As It Appears On Your Driver's License
 Smoky Mountain Home Health & Hospice Fax: 423-623-8311 Phone: 423-623-0233

Requester's Name _____ Date _____

Standard Screening: Employment Verification
 Motor Vehicle Record
 County Criminal Court Record
 Residency Verification