

125 Chestnut Street • Cookeville, TN 38501

APPLICATION FOR EMPLOYMENT

Please Read Carefully - Write Clearly - Answer All Questions

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, CREED, AGE, SEX, MARITAL STATUS, NATIONAL ORIGIN, OR DISABLING CONDITION. THE USE OF THIS FORM DOES NOT MEAN THERE ARE POSITIONS OPEN AND OBLIGATES CRMC IN NO WAY.

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application. If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator. If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

PERSONAL INFORMATION

DATE: _____

SOCIAL SECURITY # _____

NAME _____
LAST FIRST MIDDLE OTHER NAMES

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE:() _____ PHONE # FOR MESSAGE:() _____

LIST ANY PREVIOUS CRMC EMPLOYMENT AND DATES OF EMPLOYMENT: _____

ARE YOU A U.S. CITIZEN? YES NO IF NOT, TYPE OF VISA: _____ EXPIRATION DATE: _____

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents which are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after commencement of employment. You will also be required to sign Form I-9 (issued by the Federal Government) verifying, under oath, your employment authorization.

POSITION(S) APPLYING FOR (JOB TITLE): _____

Please mark any of the following which you are willing to work: Full Time Part Time PRN Pool
 Days Evenings

DATE AVAILABLE FOR WORK: _____ WAGE EXPECTED: _____

HOW WERE YOU REFERRED TO THE CHILDREN'S CENTER Employee: _____ Other: _____

MILITARY SERVICE HISTORY? YES NO IF YES, LIST JOB-RELATED SKILLS OR EXPERIENCE:

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, GIVE DATE, LOCATION, AND NATURE OF EACH CHARGE: _____

EDUCATIONAL INFORMATION

	HIGH SCHOOL / GED	COLLEGE / UNIVERSITY	GRADUATE / PROFESSIONAL	TECHNICAL / VOCATIONAL
School Name				
Yrs. Completed / Degree	9 10 11 12	1 2 3 4	1 2 3 4	
Major				
Diploma/Degree				

EMPLOYMENT HISTORY

NAME: _____ SS#: _____

LIST PAST TEN (10) YEARS WORK EXPERIENCE, WITH MOST RECENT LISTED FIRST. EXPLAIN ANY PERIOD OF UNEMPLOYMENT.

May we contact your present employer for a reference? YES NO

Employer: _____

Address: _____ STREET _____ CITY _____ STATE _____ ZIP _____

Your name at time of employment (if different): _____

Job Title: _____

Duties Performed: _____

Name of Supervisor: _____

Telephone: () _____ Fax: () _____

Month | Year

Start _____

End _____

Salary _____

Reason for leaving:

Employer: _____

Address: _____

Your name at time of employment (if different): _____

Job Title: _____

Duties Performed: _____

Name of Supervisor: _____

Telephone: () _____ Fax: () _____

Month | Year

Start _____

End _____

Salary _____

Reason for leaving:

Employer: _____

Address: _____

Your name at time of employment (if different): _____

Job Title: _____

Duties Performed: _____

Name of Supervisor: _____

Telephone: () _____ Fax: () _____

Month | Year

Start _____

End _____

Salary _____

Reason for leaving:

Employer: _____

Address: _____

Your name at time of employment (if different): _____

Job Title: _____

Duties Performed: _____

Name of Supervisor: _____

Telephone: () _____ Fax: () _____

Month | Year

Start _____

End _____

Salary _____

Reason for leaving:

Employer: _____	Month _____	Year _____
Address: _____	Start _____	_____
Your name at time of employment (if different): _____	End _____	_____
Job Title: _____	Salary _____	_____
Duties Performed: _____	Reason for leaving: _____	
_____	_____	
Name of Supervisor: _____	_____	
Telephone: () _____ Fax: () _____	_____	

Employer: _____	Month _____	Year _____
Address: _____	Start _____	_____
Your name at time of employment (if different): _____	End _____	_____
Job Title: _____	Salary _____	_____
Duties Performed: _____	Reason for leaving: _____	
_____	_____	
Name of Supervisor: _____	_____	
Telephone: () _____ Fax: () _____	_____	

REFERENCES Persons we may contact to verify your qualifications for the position. (Do NOT list relatives).

NAME: _____ ADDRESS: _____ TELEPHONE: () _____

NAME: _____ ADDRESS: _____ TELEPHONE: () _____

NAME: _____ ADDRESS: _____ TELEPHONE: () _____

PLEASE LIST ANY OTHER SKILLS / TRAINING THAT PERTAIN TO POSITION YOU ARE APPLYING FOR:

PROFESSIONAL LICENSES, REGISTRATIONS, AND / OR CERTIFICATIONS:

TYPE	STATE ISSUED	DATE FIRST ISSUED	EXPIRATION	NO.

Dear Applicant:

It will take several days to process your application. It will be reviewed based on qualifications for job vacancies. If your work history and qualifications meet job requirements, we will contact you for an interview.

Many applicants will call about the status of their application. Phone calls from applicants will only slow the process. Please refrain from calling about your application.

CRMC Children's Center maintains all applications for three (3) months and thereafter you will need to renew your application to gain further consideration.

Thank you for your understanding and cooperation.

AFFIDAVIT: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that CRMC Children's Center shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire.

I authorize employers, companies, schools or persons named above to give any information regarding my employment together with any information they may have regarding me whether or not it is in their records. I hereby release said employees, companies, schools or persons from all liability for any damage both legal and otherwise for issuing this information. I also understand a conditional offer of employment may be based on results of medical examination.

I consent to having a background check done on my history, and I understand my employment might hinge on this check, including discharge, if after I am hired, my employer acquires information that precluded my hire.

I understand that if employed I will be in an introductory period for three (3) months. During the trial period either party may terminate without notice. All obligations of the institution shall end with the last day I work.

In addition, if accepted for employment I hereby agree to abide by current and subsequent rules and policies of CRMC Children's Center.

Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause at any time at the option of either myself or my employer. In addition, should my employer become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.

Signature: _____ Date: _____

Equal Opportunity Employer

FORM 5000-23 (Rev. 5/05)