

EMPLOYMENT APPLICATION

Administrative Offices
 South Central Tennessee Workforce Alliance
 5000 Northfield Lane, Suite 124
 Spring Hill, TN 37174
 (931) 398-6033

Date of Application: _____

Name _____ Telephone: _____
 Address _____ (home) _____
 _____ (work) _____

Position(s) Sought : _____

Previous Employment under Tennessee Consolidated Retirement System (TCRS):

Yes _____ No _____ If Yes, please provide the information below.

From M/D/Y	To M/D/Y	Department/Agency/School

Education/Training/Certifications/Licensures

Name & Address of High Schools, Colleges/Universities/Other Institutions Attended	Field of Study or Area of Concentration		Type of Degree, Certificate &/or License	Received Diploma/Certif- icate/License? Yes or No
	Major	Minor		

South Central Tennessee Workforce Alliance does not discriminate on the basis of gender, race, color, religion, age, mental or physical disability, veteran status or national origin in educational and employment opportunities. Auxiliary aids and services are available upon request to individuals with disabilities. WIA/LWIA is an Equal Opportunity Employer. Any inquiries and/or complaints should be directed to the Equal Opportunity Officer, South Central Tennessee Workforce Alliance, 5000 Northfield Ln. St. 124, Spring Hill, TN 37174. The SCTWA is funded under an agreement with the Tennessee Department of Labor & Workforce Development.

Experience

Please use a separate block for each position. **Begin with your current or most recent position.** Briefly explain the principal duties performed in prior positions. Account for all periods of employment and any employment breaks. If not currently employed, or have never been employed, please indicate in the position block(s) provided.

Your Position Title	Name & Address of Firm		Type of Employment: _____ Part-Time _____ Full-Time No. of Hrs. Per Week _____
Firm Telephone Number	Name & Title of Immediate Supervisor		Reason you wish to leave, if currently employed, or reason for leaving if this was the last position held.
Period of Employment From: To:	Entry Salary	Ending Salary	Equipment, tools, software, etc, used:
Duties:			

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Firm Telephone Number	Name & Title of Immediate Supervisor		Reason for Leaving:
Period of Employment From: To:	Entry Salary	Ending Salary	Equipment, tools, software, etc, used:
Duties:			

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Duties:			

Provide 3 Professional Work References

Name:	_____
Company Name:	_____
Job Title:	_____
Address:	_____

Work Phone #:	_____
Alternate Phone #:	_____
Email:	_____

Name:	_____
Company Name:	_____
Job Title:	_____
Address:	_____

Work Phone #:	_____
Alternate Phone #:	_____
Email:	_____

Name:	_____
Company Name:	_____
Job Title:	_____
Address:	_____

Work Phone #:	_____
Alternate Phone #:	_____
Email:	_____

Provide 3 Personal References

Name:	_____
Address:	_____

Phone #:	_____
Alternate Phone #:	_____
Relationship:	_____
Email:	_____

Name:	_____
Address:	_____

Phone #:	_____
Alternate Phone #:	_____
Relationship:	_____
Email:	_____

Name:	_____
Address:	_____

Phone #:	_____
Alternate Phone #:	_____
Relationship:	_____
Email:	_____

Present Employer Contact

Do you have any objections to your present employer being contacted?

_____ Yes _____ No

Attachments

Applicants **MUST** attach a resume. Please complete the application form in full; "see resume" notations are unacceptable and will make the application form invalid.

Transcripts

For professional positions, the successful candidate must provide official transcripts upon initial hire.

Interview

If invited for a personal interview are you willing to come to the interview at your own expense?

_____ Yes _____ No

Employment Eligibility

You will be required to provide proof of identity and employment eligibility within three (3) business days of initial hire.

Applicant ADA Accommodation Requests

The Workforce Alliance will make a reasonable effort to accommodate persons with disabilities in the application and/or interview process. For disability accommodations, please call the Administrative Offices at least three (3) days in advance. Please reference the appropriate position vacancy number.

Relatives (Check None or Yes)

Relatives currently employed at South Central Tenn. Workforce Board or Career Center: _____ **None** _____ **Yes**

(If yes, list name, position, and relationship) _____

Certification of Application

I hereby certify that all information contained in this application is true, complete and accurate to the best of my knowledge. I also authorize reference checks, the release of transcripts, and other personal information relative to my employment. I understand that any misstatement/misrepresentation or concealment of material facts or information may subject me to disqualification from competition for any position or termination of employment by any agency of the Tennessee State Government.

Signature

Date

**Email completed application (6 pages) and copy of resume to jennifer.lewis@sctworkforce.org
OR fax copies to (931) 486-0033**