

# APPLICATION FOR EMPLOYMENT

## TENNESSEE CERTIFIED DRUG FREE WORKPLACE

This application is good for 90 days only.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone No. Only: \_\_\_\_\_

If you do not have a home phone, where you can be reached: \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Type of work desired: (do not check more than one position)

Registered Nurse \_\_\_\_\_ Licensed Practical Nurse \_\_\_\_\_ Social Worker \_\_\_\_\_  
Certified Nurse Aide \_\_\_\_\_ Nurse Aide \_\_\_\_\_ Recreation \_\_\_\_\_ Office \_\_\_\_\_  
Dietary \_\_\_\_\_ Laundry \_\_\_\_\_ Housekeeping \_\_\_\_\_ Maintenance \_\_\_\_\_

Professional License and/or Certification: \_\_\_\_\_ Type: \_\_\_\_\_

Organization or State Issued: \_\_\_\_\_ Date: \_\_\_\_\_

Will you work any shift? Yes or No Full or Part-time

Shift preferred: (7-3) (3-11) (11-7) List Qualifications: \_\_\_\_\_

\_\_\_\_\_

List highest grade of school completed: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, where?: \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ If no, why? \_\_\_\_\_

\_\_\_\_\_

Why did you leave your last job or why are you making a change? \_\_\_\_\_

\_\_\_\_\_

Do you have any responsibilities that would limit your availability? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

If so, for what, when and where? \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_ Doctor: \_\_\_\_\_

**EMPLOYMENT RECORD** (list last position first)

1) Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

2) Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

3) Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate with such investigation and release from all liability or responsibility all persons, companies or corporations supply such information. I consent to take the employment physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No questions on this application are intended to secure information to be used for such discrimination.

I understand that my employment is at will, and either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for misstatement or omission of fact appearing on this application form.

I understand the starting date of my actual employment will be considered at the conclusion of the State mandatory orientation.

I acknowledge that the employer is a Certified Tennessee Drug Free Workplace, and I hereby consent to drug testing as a part of my application for employment. I further acknowledge that I have been provided a copy of the employer's Drug Free Workplace Policy with my application and I authorized the collection of the specimen and the use of the results of testing in accordance with the aforesaid policy and the laws of the State of Tennessee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_