



General Contractor  
P.O. Box 605, Johnson City, Tennessee 37605

### Application for Employment

- 1. Full legal name \_\_\_\_\_ 2. Home Phone ( ) \_\_\_\_\_
- 3. Address \_\_\_\_\_ 4. Business Phone ( ) \_\_\_\_\_
- \_\_\_\_\_ 5. E-Mail Address \_\_\_\_\_
- City State Zip

6. **Education**

- a. List highest grade completed (1 – 12) \_\_\_\_\_
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes / No
- c. List number of years post high school education (1 – 7) \_\_\_\_\_

Name and Location of Institution	Dates Attended
1. _____	_____
2. _____	_____
3. _____	_____

d. If you are attending school now or expect to complete and educational program in the future, please indicate what type of degree or program \_\_\_\_\_

7. **Experience** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe All paid, military and applicable voluntary experience. Highlight your knowledge, skills and natural abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present employer/supervisor? Yes / No

<p>a. <b>Job Title</b> _____</p> <p>Employer _____</p> <p>Address _____</p> <p>_____</p> <p>Phone ( ) _____</p> <p>Type of Business _____</p> <p>Salary (start) _____ (finish) _____</p> <p>Dates (mo/yr) _____ to (mo/yr) _____</p>	<p><b>Duties:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Equipment used _____</p> <p>_____</p> <p>Reason for leaving _____</p>
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b. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

c. License (to include driver's), or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)
1.	_____	_____
2.	_____	_____
3.	_____	_____

8. **References**

List names, addresses, phone numbers and relationships of three persons (at least two must not be related to you) who know your qualifications or abilities:

Name	Address	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

9. **Miscellaneous**

- a. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes / No Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- b. Have you ever been convicted for any violation(s) of law Yes / No If YES please provide a description of the offense \_\_\_\_\_

c. Please describe any past jobs, volunteer work, or hobbies that you personally enjoy and are naturally gifted at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. List four things you have done in the past that you felt you were successful in (sports, clubs, family, etc.):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

e. Briefly describe what you want from this job and this company:

f. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

10. **Certification – Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachment are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of this company. I understand that all information on this application is subject of verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize this company to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date \_\_\_\_\_ Applicants Signature \_\_\_\_\_