



P.O. Box 368  
 128 South First Street  
 Pulaski, TN 38478  
 Phone: 931-363-2522  
 Fax: 931-363-4743

## APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

**PERSONAL**

Name \_\_\_\_\_ Date: \_\_\_\_\_  
 (Last) (First) (MI) Social Security # \_\_\_\_\_  
 Address \_\_\_\_\_ Drivers License # \_\_\_\_\_  
 (Street) (City) (State) (Zip) Telephone # \_\_\_\_\_  
 Position Applied For \_\_\_\_\_  
 Are you a citizen of the U.S.? \_\_\_\_\_ Are you legally eligible for employment in the U.S.? \_\_\_\_\_

Would you work Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Specify days & hours, if Part-time \_\_\_\_\_

Have you been previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List experiences, skills or other qualifications which you feel would especially fit you for work with our organization:  
 \_\_\_\_\_  
 \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_ How long at your previous address? \_\_\_\_\_

Previous address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Are you now, or have you ever been bonded? \_\_\_\_\_ If yes, on what jobs? \_\_\_\_\_

List any relatives currently working for us \_\_\_\_\_

If your application is considered favorably, when would you be available for work? \_\_\_\_\_

### RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	LAST GRADE COMPLETED	DID YOU GRADUATE?
Elementary	_____	_____	5 6 7 8	____ YES
	_____	_____		____ NO
High	_____	_____	1 2 3 4	____ YES
	_____	_____		____ NO
College	_____	_____	1 2 3 4	____ YES
	_____	_____		____ NO
Other (Specify)	_____	_____	1 2 3 4	____ YES
	_____	_____		____ NO

**BEGINNING WITH THE MOST RECENT, PLEASE LIST PRESENT AND PAST EMPLOYMENT**

NAME AND ADDRESS OF COMPANY & TYPE OF BUSINESS	FROM MO. YR.	TO MO. YR.	DESCRIBE THE WORK YOU DID	WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING
TELEPHONE						

NAME AND ADDRESS OF COMPANY & TYPE OF BUSINESS	FROM MO. YR.	TO MO. YR.	DESCRIBE THE WORK YOU DID	WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING
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NAME AND ADDRESS OF COMPANY & TYPE OF BUSINESS	FROM MO. YR.	TO MO. YR.	DESCRIBE THE WORK YOU DID	WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING
TELEPHONE						

**PERSONAL REFERENCES** (Not former Employers or Relatives)

Name and Occupation	Address	Phone Number

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigate consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my reputation, educational background, and work experience. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

\_\_\_\_\_  
Signature of Applicant