

# The University of Tennessee

## Application for Employment



Please complete a separate applicant for each position.

Date of Application: \_\_\_\_\_

Position Title: \_\_\_\_\_

For HR Use Only

Applicant No. \_\_\_\_\_

Please check all applicable options:  Full Time  Part Time  Temporary Date Available: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Primary Phone No., including Area Code \_\_\_\_\_  
Alternative Phone No., including Area Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Contact: \_\_\_\_\_  
Name Phone Number, including Area Code  
Address

To aid in our verification efforts, list any other names used while employed, e.g., maiden name, legal name changes, etc.: \_\_\_\_\_

Previous UT or State employee? Yes  No  If yes, please give dates and department/agency: \_\_\_\_\_

Previous Federal employee? Yes  No  If yes, please give dates and department/agency: \_\_\_\_\_

Relatives working for UT: \_\_\_\_\_  
Name Department Relationship  
Name Department Relationship

Please identify how you learned of this position and specify the source below:

- Newspaper   
  Personal Referral   
  Professional Journal   
  Job Fair   
  Job Line  
 Vacancy List   
  Internet   
  Employment Security   
  UT Employee   
  Professional Meeting  
 Other

Please specify source: \_\_\_\_\_

## EDUCATION

| Name and Location                    | From<br>Month/Year | To<br>Month/Year | Major/Degree | Did you<br>graduate? |
|--------------------------------------|--------------------|------------------|--------------|----------------------|
| <b>High School/GED:</b>              |                    |                  |              |                      |
| <b>Vocational/Technical School :</b> |                    |                  |              |                      |
| <b>College/University:</b>           |                    |                  |              |                      |
| <b>Postgraduate:</b>                 |                    |                  |              |                      |
| <b>Other:</b>                        |                    |                  |              |                      |

Honors: \_\_\_\_\_

Activities: \_\_\_\_\_

|  |                |                                    |
|--|----------------|------------------------------------|
| If applicable for the position applied for, note any current certification, license (i.e., driver's license), and/or registration: | _____<br>_____ | Expiration Date:<br>_____<br>_____ |
|--|----------------|------------------------------------|

**Skills:** List any skills, training, or other qualifications that you feel are applicable to the position for which you applied:

Typing    WPM \_\_\_\_\_   
  Dictation    WPM \_\_\_\_\_

Specialized word processing or computer-related skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

**Employment: List present or most recent employment first.** List all employment experience including military and volunteer service. Show employment history for the past ten years or from the time you left school (if employed less than ten years). You may attach supporting documents (resume, letters of reference, etc.). If you choose to attach a resume, you may use (See Resume) in job title and duties section. This information will be used in reference checks necessary for further consideration. Failure to answer all items in the following section may eliminate you from further consideration. If necessary, please attach a supplemental page for listing additional employment history.

## Employment History

|  |                                |         |
|--|--------------------------------|---------|
| Employer   | Telephone, including area code |         |
| Address  | Salary                         |         |
| Job Title and Duties   | Employed (Month and Year)      | FROM TO |
| Name of Supervisor   | Reason for Leaving             |         |
| May we Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |         |

  

|                      |                                |         |
|----------------------|--------------------------------|---------|
| Employer             | Telephone, including area code |         |
| Address              | Salary                         |         |
| Job Title and Duties | Employed (Month and Year)      | FROM TO |
| Name of Supervisor   | Reason for Leaving             |         |

  

|                      |                                |         |
|----------------------|--------------------------------|---------|
| Employer             | Telephone, including area code |         |
| Address              | Salary                         |         |
| Job Title and Duties | Employed (Month and Year)      | FROM TO |
| Name of Supervisor   | Reason for Leaving             |         |

  

|                      |                                |         |
|----------------------|--------------------------------|---------|
| Employer             | Telephone, including area code |         |
| Address              | Salary                         |         |
| Job Title and Duties | Employed (Month and Year)      | FROM TO |
| Name of Supervisor   | Reason for Leaving             |         |

**References:** List three individuals, other than relatives, whom we can contact. They should have knowledge of your work experience and/or education (former employers, supervisors, professors, colleagues, etc.).

| Name | Mailing Address and Zip Code | Phone Number | Association with You |
|------|------------------------------|--------------|----------------------|
| 1.   |                              |              |                      |
| 2.   |                              |              |                      |
| 3.   |                              |              |                      |

## Certification of Applicant

I certify that all answers to the questions in this application are true, and I further understand that any false statement and/or omission in this application and all other accompanying documentation will be sufficient grounds for rejection of the application or termination of employment. I authorize the University to make any and all necessary and appropriate investigations to verify the information contained herein, including criminal records and work experience background verifications. I also understand prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility (I-9 form) shall result in immediate termination of employment and/or offer of employment.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The University of Tennessee at Chattanooga does not discriminate on the basis of race, sex, color, religion, national origin, age, handicap, or veteran status in provision of educational opportunities or employment opportunities and benefits. The University does not discriminate on the basis of sex or handicap in the education programs and activities which it operates, pursuant to the requirements of Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972, Public Law 92-318; Section 504 of the Rehabilitation Act of 1973, Public Law 93-112; the Americans with Disabilities Act (ADA) of 1990, Public Law 101-336; and the Age Discrimination in Employment Act. This policy extends to both employment by and admission to the university.

Inquiries concerning Title VI, Title IX, Section 504, ADA, the Age Discrimination in Employment Act (ADEA) or any other referenced policies should be directed to the Office of Equity & Diversity (OED), 203B Race Hall, University of TN at Chattanooga, Chattanooga, TN 37403-2598, telephone (423) 425-5670 or (423) 425-5468. If you have questions or if you require accommodations in order to make application, call the Office of Human Resources (423) 425-4221.

# The University of Tennessee at Chattanooga Disclosure Statement

The University of Tennessee at Chattanooga requires the following information be obtained from each applicant for employment at the University. Any applicant who does not provide the following information will not be considered for employment.

1. Have you ever been convicted of a criminal offense or do you have criminal charges pending against you?

Yes

No

2. Have you ever been dismissed from employment for cause?

Yes

No

If the answer is yes to either question, please give appropriate details.

---

---

---

---

---

I hereby certify that the above statements are true to the best of my knowledge.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Please print name \_\_\_\_\_

Information provided on this document does not necessarily disqualify an applicant from employment at The University of Tennessee at Chattanooga.



**INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY**  
**(to be used for no other purposes)**

Full Name \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Residence Address: \_\_\_\_\_  
(Number & Street) City State Zip

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

\_\_\_\_\_  
(Date from – to ) Number & Street City State Zip

\_\_\_\_\_  
(Date from – to ) Number & Street City State Zip

\_\_\_\_\_  
(Date from – to ) Number & Street City State Zip

\_\_\_\_\_  
(Date from – to ) (Number & Street) City State Zip

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

**PLEASE SUPPLY THE FOLLOWING SCHOOL INFORMATION (HIGHEST DEGREE EARNED):** N/A

SCHOOL: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

DEGREE: \_\_\_\_\_ DEGREE STATUS: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_  
(Start Month / Year) (End Month / Year)

**Equal Employment Opportunity/Affirmative Action Identification  
the University of Tennessee at Chattanooga**

**Please provide the following information which will be used for Affirmative Action statistics only and will be maintained separately from your employment application:**

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

Name \_\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_

**Race:** Caucasian \_\_\_\_ American Indian or Alaskan Native \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Asian or Pacific Islander \_\_\_\_

**Optional information:**

Disabled: Yes \_\_\_\_ No \_\_\_\_ Specify \_\_\_\_\_

Vietnam Era Veteran: Yes \_\_\_\_ No \_\_\_\_ Special Disabled Veteran: Yes \_\_\_\_ No \_\_\_\_

From what source did you learn of this position? \_\_\_\_\_

If by advertisement, please name publication \_\_\_\_\_

Rev. 9/95 \_\_\_\_\_

\_\_\_\_\_