



901 E. SUMMIT HILL DRIVE • KNOXVILLE, TENNESSEE 37915 • PHONE: (865) 524-7483 • FAX: (865) 521-5619

### APPLICATION FOR EMPLOYMENT

Applications are kept active for six (6) months. Answer all questions even if attaching a resume. Incomplete applications may not be processed.

**(PLEASE PRINT)**

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

Position(s) Applied For \_\_\_\_\_

Complete Name \_\_\_\_\_

Address \_\_\_\_\_

Number

Street

Apt. No.

City

State

Zip code

Telephone ( \_\_\_ ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Have you filed an application here before? Yes  No  If yes, give date \_\_\_\_\_

Have you ever been employed here before? Yes  No  If yes, give date \_\_\_\_\_

Are you employed now? Yes  No

May we contact your current employer? Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work Full-time  Part-time  Relief  Temporary

Lowest entrance salary acceptable \_\_\_\_\_

Are you on a lay-off and subject to recall? Yes  No

Can you travel if a job requires it? Yes  No

Can you obtain reliable transportation for job-related travel? Yes  No

In what Tennessee counties will you accept employment? \_\_\_\_\_

Are you related in any way to a CFT employee or board member? \_\_\_\_\_

If yes, give name and relationship \_\_\_\_\_

**EMPLOYMENT EXPERIENCE - Complete each space even if attaching a resume.**

Start with your current or last job.

1. Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Description of Work \_\_\_\_\_

Number & Type of Employees Supervised \_\_\_\_\_

May we contact? Yes  No

2. Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Description of Work \_\_\_\_\_

Number & Type of Employees Supervised \_\_\_\_\_

May we contact? Yes  No

3. Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Description of Work \_\_\_\_\_

Number & Type of Employees Supervised \_\_\_\_\_

May we contact? Yes  No

4. Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Description of Work \_\_\_\_\_

Number & Type of Employees Supervised \_\_\_\_\_

May we contact? Yes  No

If you need additional space, please continue on a separate sheet of paper.

**EDUCATION - Complete each space that is applicable.**

	No. Years Attended	Did you Graduate	Degree Received	Major	Minor	Name of School and Location
High School						
College						
Graduate Work						
Trade or Business School						
Other						

**SPECIAL SKILLS AND QUALIFICATIONS**

Licenses and Certificates \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summarize special skills and qualifications acquired from employment, being a volunteer or other experiences \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, age, or national origin) \_\_\_\_\_  
 \_\_\_\_\_

Other honors and distinctions \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Give name, **complete mailing address and daytime telephone number** of three references who are not related to you and are not previous employers. Incomplete information may result in your application not being processed.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**CONVICTIONS, SEXUAL OFFENSES AND INVESTIGATIONS**  
**(Convictions will not necessarily disqualify applicant from employment)**

Child & Family Tennessee is required by Law (TCA 71-3-507) to inquire if you have ever been convicted of a felony or misdemeanor (includes guilty pleas).

Yes  No . If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or anyone living in your home ever been under investigation for any sexual offense (excluding any charges for which you or they were fully cleared)? Yes  No   
If yes, please describe. State whether investigation was/is on self or other. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you applying for a position to work directly with children or families? Yes  No  If no, skip to the question at the bottom. If yes, have you or anyone in your household ever been investigated by Department of Human Services or Children's Services of Tennessee or any governmental children's services department in another state? Yes  No  Have your children ever been removed from your home by a state agency? Yes  No

**Have you been discharged (fired) or have you resigned (quit) after notice that you would be discharged from any job for any reason within the past five years?**

Yes  No  If the answer is "yes," please give details below.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been licensed or practiced professionally under a different name?

Yes  No . If yes, please explain. \_\_\_\_\_

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Have you ever had a nursing license, or other professional license, in any jurisdiction limited, suspended, revoked or voluntarily relinquished?

Yes  No . If yes, please explain. \_\_\_\_\_

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Have you ever been sanctioned for misconduct by a professional or trade organization or agency? Yes  No . If yes, please explain. \_\_\_\_\_

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Have you ever had any malpractice claims, suits, settlements or arbitration proceedings involving your professional practice? Yes  No . If yes, please explain. \_\_\_\_\_

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State any additional information you feel may be helpful to us in considering your application.

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### Applicant's Statement

1. I certify that answers given herein are true and complete to the best of my knowledge. I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, termination from employment.
2. I authorize investigation of all statements contained in this application for employment, any and all information relating to past or current employment (including, but not limited to job performance, conduct, reasons for leaving, character, terms of employment), a back-ground check, related papers, and/or oral interviews as may be necessary in arriving at an employment decision, and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this Agency at any time without liability for wages or salary except such as may have been earned at the date of such termination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for at this time or in the future during my employment with CFT. I consent to take a medical examination, which may include a drug use screening test, by a qualified physician at the discretion of my employer when necessary to determine fitness for duty.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
5. I further understand that this is an application for employment and that no employment contract is being offered.
6. I understand that if I am employed, such employment is for no definite period of time and that CFT can change wages, benefits and conditions at any time.
7. I understand that Child & Family Tennessee is an official Tennessee Drug Free Workplace. Our policy formally and clearly states that the illegal use of drugs or the abuse of alcohol or prescription drugs will not be tolerated. As a means of maintaining our policy, we have implemented pre-employment and active employee substance abuse testing.

If you receive a conditional offer of employment with Child & Family Tennessee, you will be required to sign a consent to submit to urinalysis and/or other tests as shall be determined by Child & Family Tennessee for the purpose of determining the drug content thereof.

A positive result after a conditional offer of employment may result in withdrawal of the employment offer.

I have read and understand the above.

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