

**APPLICATION FOR EMPLOYMENT**



**DOUGLAS-CHEROKEE ECONOMIC AUTHORITY, INC.**

534 East First North Street, Morristown, TN 37814

423-587-4500

Fax: 423-587-4509

**Equal Opportunity Employer**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status. This employment application will remain active for a period of sixty (60) days from date of application. To be considered for employment after that time, a new application is required. Applicants may request any reasonable accommodation to enable them to participate in the application process.

*(PLEASE PRINT AND FILL OUT COMPLETELY)*

Position(s) Applying For \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) Primary \_\_\_\_\_ Secondary \_\_\_\_\_ E-mail address \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever been employed with us before?  Yes  No If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No On what date would you be available for work? \_\_\_\_\_

Are you currently authorized to work in the U.S. for any employer?  Yes  No

Are you available to work:  Full Time  Part Time  Temporary

Have you been convicted or pled guilty to a felony?  Yes  No *Conviction will not necessarily disqualify an applicant from consideration.*

If Yes, please explain and give dates:

**EMPLOYMENT EXPERIENCE** Start with your most recent employer. If you need additional space, please continue on a separate sheet.

Employer		Length of Service		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Supervisor	Job Title	Starting	Final	
Reason for Leaving				
Employer		Length of Service		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Supervisor	Job Title	Starting	Final	
Reason for Leaving				
Employer		Length of Service		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Supervisor	Job Title	Starting	Final	
Reason for Leaving				
Employer		Length of Service		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Supervisor	Job Title	Starting	Final	
Reason for Leaving				

<b><u>EDUCATION</u></b>	<b>High School</b>	<b>Undergraduate College/University</b>	<b>Graduate/ Professional</b>
<b>School Name and Location</b>			
<b># of Years Completed</b>			
<b>Diploma/Degree</b>			
<b>Major Course of Study</b>			
<b>Describe any specialized training, apprenticeship, skills and extra-curricular activities</b>			
<b>State any additional information you may feel may be helpful to us in considering your application</b>			

**SPECIAL SKILLS AND QUALIFICATIONS** Summarize special job-related skills, training, licenses or qualifications acquired from employment or other experience.

**REFERENCES** List information for three references that are not related to you.

<b>Name</b>	<b>Title</b>	<b>Relationship to You</b>	<b>Telephone</b>	<b>E-mail Address</b>	<b>Years Known</b>

**APPLICANT STATEMENT**

**IMPORTANT - PLEASE READ BEFORE SIGNING**

By my signature placed below, I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize DCEA to contact my present employer (unless otherwise noted on this form), past employers, and references.

I authorize any person, school, current employer, past employer, and organizations named in this job application (and accompanying resume, if any) to provide DCEA with relevant information and opinion that may be useful to DCEA in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

If hired, I further consent to searches of any areas on DCEA premises, including but not limited to desks, lockers, lunch boxes, brief cases, parking lots, automobiles and computer files.

I understand and agree that, if hired, my employment is for no definite period of time, and may regardless of the date of payment or stated terms of my wages or salary, be terminated at any time. I understand and agree that my employment relationship with DCEA, if hired, is an employment-at-will relationship and may be terminated by either me or DCEA at any time with or without cause.

I understand that no person is authorized to change the terms mentioned in this employment application and I understand that this employment application is not, and is not intended to be, a contract of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date