

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

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

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.

Name	Title	Relationship to You	Telephone	E-mail Address	Years Known

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