EMPLOYMENT APPLICATION	
Administrative Offices	Date of Application:
South Central Tennessee Workforce Alliance	
5000 Northfield Lane, Suite 124	
Spring Hill, TN 37174	
(931) 398-6033	
News	Talanhana
Name	_Telephone:
Address	(home)
	(work)
Position(s) Sought :	

Previous Employment under Tennessee Consolidated Retirement System (TCRS):

Yes No

If Yes, please provide the information below.

From M/D/Y	To M/D/Y	Department/Agency/School

Education/Training/Certifications/Licensures

Name & Address of High Schools, Colleges/Universities/Other Institutions Attended	Field of Area of Cor Major	Study or ncentration Minor	Type of Degree, Certificate &/or License	Received Diploma/Certif- icate/License? Yes or No

South Central Tennessee Workforce Alliance does not discriminate on the basis of gender, race, color, religion, age, mental or physical disability, veteran status or national origin in educational and employment opportunities. Auxiliary aids and services are available upon request to individuals with disabilities. WIA/LWIA is an Equal Opportunity Employer. Any inquiries and/or complaints should be directed to the Equal Opportunity Officer, South Central Tennessee Workforce Alliance, 5000 Northfield Ln. St. 124, Spring Hill, TN 37174. The SCTWA is funded under an agreement with the Tennessee Department of Labor & Workforce Development.

Experience

Please use a separate block for each position. **Begin with your current or most recent position.** Briefly explain the principal duties performed in prior positions. Account for all periods of employment and any employment breaks. If not currently employed, or have never been employed, please indicate in the position block(s) provided.

Your Position Title	Name & Address of Fi	rm	Type of Employment:
			Part-Time Full-Time
			No. of Hrs. Per Week
Firm Telephone Number	Name & Title of Immedia	te Supervisor	Reason you wish to leave, if currently employed, or reason for leaving if this was the last position held.
Period of Employment	Entry Salary Ending S	alary Equipment, too	ls, software, etc, used:
From: To:			
Duties:			

Your Position Title	Name & Addr	ress of Firm		Type of Employment:
				Part-Time Full-Time
				No. of Hrs. Per Week
Firm Telephone Number	Name & Title o	of Immediate Sup	pervisor	Reason for Leaving:
Period of Employment	Entry Salary	Ending Salary	Equipment, too	ls, software, etc, used:
From: To:				
Duties:				

Experience

Your Position Title	Name & Addr	Name & Address of Firm		Type of Employment:	
				Part-Time	_ Full-Time
				No. of Hrs. Per Week	·
Firm Telephone Number	Name & Title o	f Immediate Sup	ervisor	Reason for Leaving:	
Period of Employment	Entry Salary	Ending Salary	Equipment	, tools, software, etc, used	d:
From: To:					
Duties			1		

Duties:

Your Position Title	Name & Addr	ess of Firm		Type of Employment:
				Part-Time Full-Time
				No. of Hrs. Per Week
Firm Telephone Number	Name & Title of	f Immediate Sup	ervisor	Reason for Leaving:
Period of Employment	Entry Salary	Ending Salary	Equipment,	tools, software, etc, used:
From: To:				

Duties:

Experience

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/our Position Title Name & Address of Firm		Type of Employment:
		Part-Time Full-Time
		No. of Hrs. Per Week
Firm Telephone Number	Name & Title of Immediate Supervisor	Reason for Leaving:
Period of Employment	Entry Salary Ending Salary Equipment	, tools, software, etc, used:
From: To:		
Duties:		

Your Position Title	Name & Address of Firm		Type of Employment:		
				Part-Time	Full-Time
				No. of Hrs. Per Week	
Firm Telephone Number			Reason for Leaving:		
Period of Employment From: To:	Entry Salary	Ending Salary	Equipment,	tools, software, etc, used	:
Duties:					

REFERENCES

Provide 3 Professional Work References

Name:	Name:
Company Name:	Company Name:
Job Title:	Job Title:
Address:	Address:
Work Phone #:	Work Phone #:
Alternate Phone #:	Alternate Phone #:
Email:	Email:
Name:	
Provide 3 Personal References	

Name:	
Address:	
Phone #:	
Alternate Phone #:	
Relationship:	
Email:	

Name:	
Address:	
Phone #:	
Alternate Phone #:	
Relationship:	
Email:	

Name:	
Address:	
Phone #:	
Alternate Phone #:	
Relationship:	
Email:	

Present Employer Contact Do you have any objections to your present employer being contacted? Yes No
Attachments Applicants MUST attach a resume. Please complete the application form in full; "see resume" notations are <u>unacceptable</u> and will make the application form invalid.
Transcripts For professional positions, the successful candidate must provide official transcripts upon initial hire.
Interview If invited for a personal interview are you willing to come to the interview at your own expense? Yes No
Employment Eligibility You will be required to provide proof of identity and employment eligibility within three (3) business days of initial hire.

Applicant ADA Accommodation Requests

The Workforce Alliance will make a reasonable effort to accommodate persons with disabilities in the application and/or interview process. For disability accommodations, please call the Administrative Offices at least three (3) days in advance. Please reference the appropriate position vacancy number.

Relatives (Check None or Yes)

Relatives currently employed at South	Central Tenn. V	Vorkforce Board of	or Career Center:	None	Yes
(If yes, list name, position, and relation	ship)				

Certification of Application

I hereby certify that all information contained in this application is true, complete and accurate to the best of my knowledge. I also authorize reference checks, the release of transcripts, and other personal information relative to my employment. I understand that any misstatement/misrepresentation or concealment of material facts or information may subject me to disqualification from competition for any position or termination of employment by any agency of the Tennessee State Government.

Signature

Date

Email completed application (6 pages) and copy of resume to jennifer.lewis@sctworkforce.org	J
OR fax copies to (931) 486-0033	