

THE UNIVERSITY OF TENNESSEE

APPLICATION FOR EMPLOYMENT



Date of Application: _____

For HR Use Only

Applicant No. _____

Position number and title:

Please check all applicable options: Full-time Part-time Temporary Date available: _____

Name: _____
Last First Middle Initial

Social Security Number

Mailing Address: _____

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Primary Phone No.,
Including Area Code

()

Alternate Phone No.,
Including Area Code

E Mail 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:

- | | | | | |
|---------------------------------------|--|---|--------------------------------------|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Personal Referral | <input type="checkbox"/> Professional Journal | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Job Line |
| <input type="checkbox"/> Vacancy List | <input type="checkbox"/> Internet | <input type="checkbox"/> Employment Security | <input type="checkbox"/> UT Employee | <input type="checkbox"/> Professional Meeting |
| <input type="checkbox"/> Other | | | | |

Please specify source: _____

EDUCATION

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

Honors: _____

Activities: _____

If applicable for the position applied for, note any current certificate, license (i.e. driver's license), and/or registration:	_____ _____	Expiration Date: _____ _____
Skills: List any skills, training, or other qualifications that you feel are applicable to the position for which you have applied:		
<input type="checkbox"/> Typing WPM _____ <input type="checkbox"/> 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 the 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 supplement 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: Yes ____ 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	
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 Phone Number	Occupation	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 checks. 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 does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in provision of educational programs and services or employment opportunities and benefits. This policy extends to both employment by and admission to the University. The University does not discriminate on the basis of race, sex or disability in the education programs and activities pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990.

Inquiries and charges of violation concerning Title VI, Title IX, Section 504, ADA or the Age Discrimination in Employment Act (ADEA) or any other referenced policies should be directed to the Office of Equity and Diversity (OED), 1840 Melrose Avenue, Knoxville, TN 37996-3560, telephone (865) 974-2498 (*V/TTY available*) or 974-2440. Requests for accommodation of a disability should be directed to the ADA Coordinator, UT Human Resources, 600 Henley Street, Knoxville, TN 37996-4125.

APPOINTMENT INFORMATION

Name _____ PER # _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____ Social Security No. _____

Date of Birth _____ / _____ / _____ Sex M F

State of Birth _____ Citizenship _____

Highest Educational Level Attained _____

Are you currently employed by UT? Yes No

If yes, please give name of department, name of Payroll/Personnel contact person, and job title.

Job Title _____ Paid Monthly Biweekly

Contact Person _____

Have you been employed by UT before? Yes No

If yes, please give name of department and dates of employment _____

Are you on a fellowship? Yes No If yes, through what department?

Are you currently a student at UT? Yes No

Are you a student at another college/university? Yes No

If yes, where? _____

Are you currently employed by the State of Tennessee? Yes No

If yes, please give name of agency and department and date last employed _____
