

# UTC Children's Center Substitute Employment Application

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Next of kin and relationship to you or another person we can reach in case of an emergency \_\_\_\_\_ Phone # \_\_\_\_\_

Educational background (list of diplomas, degrees, and certificates)

Title	School/Institution	Address	Dates

Educational experiences (list all training programs attended, i.e., workshops, conferences, courses, etc.)

Title	Place	Date	Hours	Credit

Employment History (list most recent job first)

Place	Position	Dates	Reason for Leaving

Other Experience With Young Children

Place	Purpose/Job	Dates	Contact Person

**References.** List at least three references. Please give the full name of the reference you wish for us to contact (ex. Mr. Smith is not an acceptable reference). Family members cannot be used for references. Include full street numbers and names, P.O. Box, City, State and Zip Codes. **If we do not have the correct information, we will not send out a reference. This will delay your application and employment with the Children’s Center.**

	NAME	Street Address, P.O.Box -- include full street number & name, CITY, STATE and ZIP CODE (ex: 123 Market Street, Chattanooga, TN 37408 or P. O. Box 4567, Chattanooga, TN 37408)	Telephone Number (with area code)	Number of years known
1.				
2.				
3.				

Have you ever been convicted of a felony, including any involving a suspended sentence?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been reported for child abuse or neglect? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, what and when? \_\_\_\_\_

TCA 14-10-129 states that “each person applying to work with children as a volunteer or as a paid employee...shall complete an application on a form prescribed or approved by the Department of Human Services... It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations or agencies listed above to be contacted for the expressed purpose of pre-employment screening.

\_\_\_\_\_  
 Applicant’s Signature

\_\_\_\_\_  
 Date