

The University of Tennessee

Application for Employment



Please complete a separate applicant for each position.

Date of Application: _____

Position Title: _____

For HR Use Only

Applicant No. _____

Please check all applicable options: Full Time Part Time Temporary Date Available: _____

Name: _____
Last First Middle Initial

Mailing Address: _____

Primary Phone No., including Area Code _____
Alternative Phone No., including Area Code _____

Email 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:

- Newspaper
 Personal Referral
 Professional Journal
 Job Fair
 Job Line
 Vacancy List
 Internet
 Employment Security
 UT Employee
 Professional Meeting
 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 certification, license (i.e., driver's license), and/or registration:	_____ _____	Expiration Date: _____ _____
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Skills: List any skills, training, or other qualifications that you feel are applicable to the position for which you applied:

Typing WPM _____
 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 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 supplemental 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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	

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 Zip Code	Phone Number	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 background verifications. 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 at Chattanooga does not discriminate on the basis of race, sex, color, religion, national origin, age, handicap, or veteran status in provision of educational opportunities or employment opportunities and benefits. The University does not discriminate on the basis of sex or handicap in the education programs and activities which it operates, pursuant to the requirements of Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972, Public Law 92-318; Section 504 of the Rehabilitation Act of 1973, Public Law 93-112; the Americans with Disabilities Act (ADA) of 1990, Public Law 101-336; and the Age Discrimination in Employment Act. This policy extends to both employment by and admission to the university.

Inquiries concerning Title VI, Title IX, Section 504, ADA, the Age Discrimination in Employment Act (ADEA) or any other referenced policies should be directed to the Office of Equity & Diversity (OED), 203B Race Hall, University of TN at Chattanooga, Chattanooga, TN 37403-2598, telephone (423) 425-5670 or (423) 425-5468. If you have questions or if you require accommodations in order to make application, call the Office of Human Resources (423) 425-4221.

The University of Tennessee at Chattanooga Disclosure Statement

The University of Tennessee at Chattanooga requires the following information be obtained from each applicant for employment at the University. Any applicant who does not provide the following information will not be considered for employment.

1. Have you ever been convicted of a criminal offense or do you have criminal charges pending against you?

Yes

No

2. Have you ever been dismissed from employment for cause?

Yes

No

If the answer is yes to either question, please give appropriate details.

I hereby certify that the above statements are true to the best of my knowledge.

Date _____

Signature _____

Please print name _____

Information provided on this document does not necessarily disqualify an applicant from employment at The University of Tennessee at Chattanooga.

**Equal Employment Opportunity/Affirmative Action Identification
the University of Tennessee at Chattanooga**

Please provide the following information which will be used for Affirmative Action statistics only and will be maintained separately from your employment application:

Position applied for _____ Date _____

Department _____

Name _____ Sex: Male ____ Female ____

Race: Caucasian ____ American Indian or Alaskan Native ____ Black ____ Hispanic ____ Asian or Pacific Islander ____

Optional information:

Disabled: Yes ____ No ____ Specify _____

Vietnam Era Veteran: Yes ____ No ____ Special Disabled Veteran: Yes ____ No ____

From what source did you learn of this position? _____

If by advertisement, please name publication _____

Rev. 9/95 _____

**FAIR CREDIT REPORTING ACT DISCLOSURE
AND AUTHORIZATION TO RELEASE INFORMATION**

DISCLOSURE

In connection with your application for employment at the University of Tennessee, the University may verify information within the application or other materials relating to your application for employment. As part of that verification process, the University will request, from a background check vendor, an investigative consumer report ("Background Check Report") on you as defined in the Fair Credit Reporting Act.

For University purposes, a Background Check Report will consist of a criminal background check, employment verification, education verification, reference check, public records check, driving records check, and professional license check. It will not include a credit check, although information that pertains to your credit may be contained among public records (*i.e.*, bankruptcy filings). The information obtained in the Background Check Report will be utilized only during the initial employment application process. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the Background Check Report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

AUTHORIZATION

By my signature below, I expressly authorize and instruct the background check vendor to perform and release to the University a Background Check Report on me at the request of the University in conjunction with my job application. I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me, if any, may be used for the purpose of conducting a background check.

By my signature below, I also authorize the disclosure to the University and/or to the background check vendor of information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, and all other publicly available information the University deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; and other public sources. I hereby release and hold the background check vendor and the University, its officers, directors, employees, and trustees harmless from any and all liability with respect to the Background Check Report, investigations, verifications, and/or the use of any information relevant to my employment.

By my signature below, I acknowledge that this Authorization Form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University of Tennessee.

Signature of Applicant: _____ Date: _____

Print Full Name: _____ Social Security #: _____ - _____ - _____

Other Names Used (alias, maiden, nickname) _____

Driver's License Number _____ State Issued _____ Date of Birth: ____/____/____

Current Residence Address: _____
(Number & Street) City State Zip

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

_____	_____	_____	_____	_____
(Date from – to)	(Number & Street)	City	State	Zip
_____	_____	_____	_____	_____
(Date from – to)	(Number & Street)	City	State	Zip
_____	_____	_____	_____	_____
(Date from – to)	(Number & Street)	City	State	Zip
_____	_____	_____	_____	_____
(Date from – to)	(Number & Street)	City	State	Zip
_____	_____	_____	_____	_____
(Date from – to)	(Number & Street)	City	State	Zip

PLEASE SUPPLY THE FOLLOWING SCHOOL INFORMATION (HIGHEST DEGREE EARNED): N/A

SCHOOL: _____ CITY/STATE: _____

DEGREE: _____ DEGREE STATUS: _____

DATES ATTENDED: _____
(Start Month / Year) (End Month / Year)

ADDITIONAL STATE LAW NOTICES

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For California Applicants Only

You may view the file maintained on you by TrueScreen during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at TrueScreen's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. TrueScreen has trained personnel available to explain your file to you, including any coded information. If you appear in person, you must be accompanied by one other person, provided that person furnishes proper identification.

For Minnesota, Oklahoma and California Applicants Only: In connection with your application for employment, your investigative consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to a free copy of your investigative consumer report by checking the appropriate box below.

_____ YES, I am a California resident and would like a free copy of my investigative consumer report.

_____ YES, I am a Minnesota resident and would like a free copy of my consumer report.

_____ YES, I am an Oklahoma resident and would like a free copy of my consumer report.