



EMPLOYMENT APPLICATION

P.O. Box 264 – 1527 White Ave.
Henderson, TN 38340
800-372-6013 or 731-989-5111

Southwest HRA is an Equal Opportunity Employer.
We consider applicants for all positions without regard to race, color, religion, creed,
gender, national origin, age, disability, marital or veteran status, or any other legally
protected status.

Position Applied For: _____ Date: _____

Minimum Salary Accepted: _____ Referred By: _____

Name (Last, First, MI)

Street Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Phone Number

Cell Phone Number

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of any type of theft, fraud or a violent crime? Yes _____ No _____

If yes, furnish dates, places and nature of offense and penalties: _____

List all organizations to which you belong or have belonged, except strictly religious organizations:

<u>Organization/Address</u>	<u>Nature/Purpose</u>	<u>Membership Date</u>

Revised 5/7/2014

Volunteer or Community Work: Please list any and all work that you have done for residents of local communities, on a volunteer or paid basis, which may have a relationship to the child development or community assistance programs of Community Services Administration. For example, church work as an Elder, Deacon, Sunday School Teacher, Chairman or Committeeman or Field Worker in fund raising activities, civic work including registration, PTA leadership in scout work, experience and preparation for many types of Community Services Administration jobs.

<u>Organization/Employer</u>	<u>Dates</u>	<u>Nature of Work</u>	<u>Paid/Volunteer</u>

Education

	<u>School Name/Address</u>	<u>Course of Study</u>	<u>Years Completed</u>	<u>Diploma/Degree</u>
High School				
Undergraduate				
Graduate				
Other (specify)				

Indicate any foreign languages you can speak, read and/or write:

	<u>Fluent</u>	<u>Good</u>	<u>Fair</u>
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, licenses and/or certificates that may qualify you to fill the position for which you are applying.

State any additional information you feel may be helpful to us in considering your application.

Give at least four (4) references other than relatives and supervisors:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>How long known</u>

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

<u>Employer Name</u>	<u>Address</u>	<u>City, State, Zip Code</u>
<u>Phone Number</u>	<u>Job Title</u>	<u>Supervisor Name</u>
<u>Duties Performed</u>		<u>Employment Dates</u>
<u>Reason for Leaving</u>		<u>Ending Salary</u>
<u>May we contact for reference? (circle one)</u>	Yes	No
		Later

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<u>Phone Number</u>	<u>Job Title</u>	<u>Supervisor Name</u>
<u>Duties Performed</u>		<u>Employment Dates</u>
<u>Reason for Leaving</u>		<u>Ending Salary</u>
<u>May we contact for reference? (circle one)</u>	Yes	No
		Later

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<u>Duties Performed</u>		<u>Employment Dates</u>
<u>Reason for Leaving</u>		<u>Ending Salary</u>
<u>May we contact for reference? (circle one)</u>	Yes	No
		Later

Comments: (including explanation of any gaps in employment)

Applicant Certification

IMPORTANT – We are glad you are interested in joining the SWHRA family. Please read the following carefully before you sign and return this application.

I certify the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize a background and credit investigation if deemed necessary by the Agency. If employed, I understand I will be a probationary employee for six (6) months, plus periods of absence or layoff, during which time the Agency or I may terminate the employment relationship without prior warning or notice. I understand that this application is not a contract, offer, or promise of employment for any specific period and that I am employed on an “at will” basis. If hired I will be able to resign at any time for any reason; likewise, the Agency can terminate my employment at any time with or without cause, advance notice or opportunity for a grievance hearing. I consent to a physical examination, which may include a drug use screening test, either prior to commencing work, during my probationary period, or at any subsequent time as deemed necessary by the Agency. I authorize any of the persons, previous employers or educational institutions named in this application to release to this Agency, to which I am applying for employment, any and all information they might have concerning me, including records of disciplinary action and reasons for termination of employment. I release all such parties from all liability which may result from furnishing such information. A photocopy of this authorization shall be my authorization for release of information.

Applicant's Signature

Affirmative Action
Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by the applicant on a voluntary basis. Not for interview purposes.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Applicant Information

Name (Last, First, MI)

Physical Address (Street, City, State, Zip Code)

Mailing Address (Street, City, State, Zip Code)

Phone Number

Alternate Phone Number

Male ____ Female ____ Marital Status: Single ____ Married ____ Other (Specify) _____

Birth Place (City, State)

Birthdate

Current Height/Weight

Number of Dependents ____ Ages of Dependents _____

Please check one of the following Equal Opportunity Identification Groups:

White (not of Hispanic origin) ____

Black (not of Hispanic origin) ____

Hispanic ____

American Indian/Alaskan Native ____

Asian/Pacific Islander ____

The Southwest Human Resource Agency, in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. *I have read, understand, and agree to this statement, (please initial here).* _____

I understand that Southwest Human Resource Agency has a commitment to maintain an alcohol/drug free workplace and that SWHRA, unless prohibited by state law, requires a drug screening test as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test, approved by the NIDA will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified from consideration for employment and any offer of employment withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. *I have read, understand, and agree to this statement, (please initial here).* _____

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information may result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment for any specific period and that I am employed on an "at-will" basis. If hired I will be able to resign at any time for any reason; likewise, the Agency can terminate my employment at any time with or without cause, advance notice or opportunity for a grievance hearing. *I have read, understand, and agree to this statement, (please initial here).* _____

I understand that I will be required to provide verification of Education listed on this application if selected for an interview. *I have read, understand, and agree to this statement, (please initial here).* _____

I understand that SWHRA is a smoke free facility. I have read, understand, and agree to this statement. *I have read, understand, and agree to this statement, (please initial here).* _____