Andrew Jackson's HERMITAGE
HOME OF THE PEOPLE'S PRESIDENT

NAME (PLEASE PRINT) _____ DATE _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____ TELEPHONE NO. _____

POSITION APPLIED FOR _____

Application For Employment

An Equal Opportunity Employer

IF ASSISTANCE IS NEEDED TO COMPLETE THIS APPLICATION, PLEASE LET US KNOW

We are pleased that you are interested in employment with us. We offer equal opportunities to all persons without regard to race, religion, age, sex, marital status, national origin, disability or veteran status. Please complete this application form in ink in your own handwriting. Answer all questions fully since all statements made by you will be checked for accuracy. We will give this application every consideration. However, accepting it does not imply a commitment of employment.

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ACTIVE FOR 90 DAYS. AFTER 90 DAYS APPLICATIONS MUST SUBMIT ANOTHER APPLICATION TO BE CONSIDERED FOR EMPLOYMENT.

PLEASE PRINT IN INK

Date of Application Date you can start work: Type of Employment ☐ FT ☐ PT ☐ Temp

Name: _____ Social Security No. : _____

Last First Middle

Present Address:

_____

No. Street City State Zip

Telephone No. (_____)_____

Previous Address (if at present address less than one year):

_____

No. Street City State Zip

Date of Application: _____ Date Available for Employment: _____

Type of Employment: ☐ Full Time ☐ Part Time ☐ Temporary

Position(s) applied for (must list specific positions): _____

If applying for a part time position: days available _____

Hours available: _____

Are you 18 years of age or older? ☐ Yes ☐ No

If no, employment subject to verification of minimum legal age by age certificate or work permit

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

☐ Yes ☐ No (Proof of citizenship or immigration status will be required upon employment.)

Have you ever applied for employment with us before? ☐ Yes ☐ No If yes, when: (date) _____

Have you ever been employed by us? ☐ Yes ☐ No If yes, list dates employed:

How were you referred to us? ☐ Employee Referral Name of Employee _____

☐ Employment Agency ☐ Newspaper Ad ☐ College Recruitment ☐ Walk-in

☐ Other: _____

Are you presently employed? ☐ Yes ☐ No

If now employed, does your employer know of your plans to change employment? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Why do you desire to make a change in employment at this time?_____

_____

_____

Have you ever been discharged or asked to resign from a position? ☐ Yes ☐ No If so, explain:_____

_____

_____

Have you ever held a position of trust (handling monies, securities or confidential material)? ☐ Yes ☐ No

Have you ever been bonded? ☐ Yes ☐ No

Position: _____

Have you ever been convicted of any felony? ☐ Yes ☐ No

(conviction will not necessarily disqualify the applicant from consideration for employment)

If yes, state details (date, court, offense, place of occurrence) _____

_____

Is there anything that would prevent you from satisfactorily performing the essential functions of the job for which you have applied? ☐ Yes ☐ No

If so, please explain _____

_____

Do you have steady transportation to work? ☐ Yes ☐ No

If applying for a position requiring the driving of a motor vehicle, do you have a valid license for the type vehicle to be operated? ☐ Yes ☐ No

If so, expiration date: _____ License Number: _____ State of Issue: _____

Name: _____

EDUCATION

Type of School	Name and Address of School	Major Course of Study	Circle Last Year Completed	Graduate	Degree
Elementary			5 6 7 8	( ) Yes ( ) No	--------
High School			1 2 3 4	( ) Yes ( ) No	--------
Vocational or Business School			1 2 3 4	( ) Yes ( ) No	
College			1 2 3 4	( ) Yes ( ) No	
Graduate School			1 2 3 4	( ) Yes ( ) No	
Other (specify)			1 2 3 4	( ) Yes ( ) No	

SPECIAL QUALIFICATIONS

Describe any other specialized professional training (such as technical, correspondence, or night school courses):
_____
_____

Specify professional designations, certifications, licenses, or registrations held as well as their numbers, state and expiration dates:
_____
_____

List computer equipment and machines you can operate (with or without reasonable accommodations):

☐ Computer with Windows Operating System
☐ Publisher ☐ Excel ☐ Word ☐ Adobe Acrobat
☐ Calculator ☐ Cash Register ☐ Copier ☐ Fax Machines

For Data Processing or Accounting Positions:
Please indicate specialty:_____
_____

Other skills which would be of assistance in determining qualifications for employment: _____
_____

MILITARY SERVICE

Have you ever served in the armed forces? ☐ Yes ☐ No If yes, from _____ to _____

Which Service? _____

Starting Rank_____ Final Rank _____ What were your duties:
_____

List schooling and special training received in service with approximate time: _____
_____

REFERENCES

List Personal references (Do not include relatives or former employers)

Name _____ Address _____ Occupation _____

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Name _____ Address _____ Occupation _____

WORK HISTORY

Start with most recent or present employer:

1. Name of Employer	Address	Telephone No.
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Present or Final Position	Date Left	Final Rate
Job Duties		
Reason For Leaving		

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Reason For Leaving		

"I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and other persons to answer all questions asked concerning my ability, character, reputation, credit standing, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without prior notice to my supervisor."

"I agree to be employed on 90 calendar day's probationary period and understand that I may be dismissed at any time during this period at the discretion of the employer. I agree to submit to a physical examination after an offer of employment has been made and understand that said offer is contingent upon the satisfactory results of the physical examination. If employed, I agree to abide by all present and subsequently issued personnel policies and rules. Further, I understand that my employment will not be a stated period and it may be terminated by me or my employer at any time."

_____ _____

DATE SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE

RECORDS OF INTERVIEWS

Interviewed by, Department, date, comments and suggestions:

If accepted for employment:

Starting Date:	Starting Rate	Employee Number
Position	Department	Location
Date	Employed By:	
Date	Approved By:	