

## **Employment Application**

|   |                          |                    | Applio               | cant I   | nforma                | ation    |                   |                                  |     |    |
|---|--------------------------|--------------------|----------------------|----------|-----------------------|----------|-------------------|----------------------------------|-----|----|
| Full Name:                              |                          |                    |                      |          |                       |          |                   | Date:                            |     |    |
|   | Last                     |                    | First                |          |                       |          | М.І.              |                                  |     |    |
| Address:                                | Street Address           |                    |                      |          |                       |          |                   | Apartment/Unit #                 |     |    |
|   | Street Address           |                    |                      |          |                       |          | Email             | Apartmeni/Onit #                 |     |    |
|   | City                     |                    | State                |          |                       | ZIP Code | Email:            |                                  |     |    |
| Phone:                                  | City                     |                    | Olalo                |          |                       |          |                   |                                  |     |    |
| riione.                                 | none.                    |                    |                      |          | Best time to contact: |          |                   |                                  |     |    |
| Date Available:                         |                          | Social Sec         | Social Security No.: |          |                       |          | Salary            | : <u>\$</u>                      |     |    |
| Position App                            | olied for:               |                    |                      |          |                       |          |                   |                                  |     |    |
|   |                          | roof of logal righ | t to worl            | k in tho | United St             | otos and | completion of L   | form will be required            |     |    |
| runderstand                             | that upon employment, pr | oor or legal right | YES                  | NO       | Officea Sta           | ales anu | completion of 1-s | y torrir wiir be required.<br>YE | s ' | NO |
| Are you a citizen of the United States? |                          |                    |                      |          | If no, a              | re you a | authorized to v   | work in the U.S.?                |     |    |
|   |                          |                    | YES                  | NO       |                       |          |                   |                                  |     |    |
| Have you ev                             | ver worked for this con  | npany?             |                      |          | If yes,               | when?    |                   |                                  |     |    |
|   |                          | - (-10             | YES                  | NO       | lf voo                | منمامنم  |                   |                                  |     |    |
| Have you ev                             | ver been convicted of    | a felony?          | Ш                    |          | ir yes,               | explain  | <u> </u>          |                                  |     |    |
| Do any of yo                            | our friends or relatives | work here?         | YES                  | NO       | If yes,               | who?_    |                   |                                  |     |    |
|   |                          |                    | YES                  | NO       |                       |          |                   |                                  |     |    |
| Do you have a valid driver's license?   |                          |                    |                      |          | Licens                | se#      |                   | Expires                          |     |    |
|   |                          |                    |                      |          |                       |          |                   |                                  |     |    |
|   |                          |                    |                      | Educ     | ation                 |          |                   |                                  |     |    |
| High School                             | l:                       |                    | Ad                   | dress:   |                       |          |                   |                                  |     |    |
| From:                                   | To:                      | Did vo             | ou grac              | duate?   | YES                   | NO       | Diploma:          |                                  |     |    |
|   |                          |                    |                      | dress:   |                       |          | <u> </u>          |                                  |     |    |
| College:                                |                          |                    | Au                   | uress.   |                       | NO       |                   |                                  |     |    |
| From:                                   | To:                      | Did yo             | ou grac              | luate?   | YES                   | NO       | Degree:           |                                  |     |    |
| Other:                                  |                          |                    | Ad                   | dress:   |                       |          |                   |                                  |     |    |
|   |                          |                    | _                    | •        | YES                   | NO       |                   |                                  |     |    |
| From:                                   | To:                      | Did yo             | ou grad              | luate?   |                       |          | Degree:           |                                  |     |    |

Tullahoma Utilities Authority is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, or veteran status. TUA is a smoke-free work environment.

| Trair  | ing   |
|--|---|
| Professional certifications and licenses (such as CPA, NASD              | series 6)   |
| Computer skills (software programs, hardware, operating sys              | items)  |
| Other skills or experience that are pertinent to the job applied         | for   |
| Additional I   | nformation  |
| Other Qualifications: Summarize special job-related skills a experience. | nd qualifications acquired from employment or other |
|  |   |
|  |   |
|  |   |
| Refere   | nces  |
| Please list three professional references.                               |   |
| Full Name:   | Relationship:                                       |
| Company:   | Phone:  |
| Address:   |   |
| Full Name:   | Relationship:                                       |
| Company:   | Phone:  |
| Address:   |   |
| Full Name:   | Relationship:                                       |
| Company:   | Phone:  |
| Address:   |   |
| Employme   | nt History  |
| MUST BE COMPLETED EVEN IF ATTACHING YOUR RES                             |   |
| Company:   | Phone:  |
| Address:   | Supervisor:   |
| Job Title: Starting Sa   | alary: <u>\$</u> Ending Salary: <u>\$</u>           |
| Responsibilities:  |   |
| From: To:  | Reason for Leaving:                                 |
| May we contact your previous supervisor for a reference?                 | YES NO  |

| Company:  |   |   |  | Phone:  |
|---|---|---|--|---|
|   |   |   |  | Phone:Supervisor:   |
|   |   |   | Ending Salary:\$                         |   |
|   | <del>-</del>  |   |  |   |
| Responsibilities:   |   |   |  |   |
| From:   | To:   | Reason f  | or Leaving:_                             |   |
| May we contact your   | previous supervisor for a reference?  | YES   | NO                                       |   |
| Company:  |   |   |  | Phone:  |
|   |   |   |  | Supervisor:   |
| Job Title:  | Starting S  |   | Ending Salary:                           |   |
| Responsibilities:   |   |   |  |   |
| From:   | To:   | Reason f  | or Leaving:_                             |   |
| May we contact your   | previous supervisor for a reference?  | YES   | NO                                       |   |
|   | Military  | / Service   |  |   |
| Branch:   |   |   | From:                                    | To:   |
| Rank at Discharge:  |   | Type of   | Discharge:                               |   |
| If other than honorab   | ole, explain:   |   |  |   |
|   | Affidavit a   | nd Signat   | ure                                      |   |
|   | nd Interview Process: I understand that this application process shall be construed as either an offer or continuous states.  |   |  |   |
| Employment-At-Will: I und option of either <i>Tullahoma U</i>                               | derstand that my employment and compensation car<br>Itilities Authority or myself.  | be terminated   | with or without c                        | ause, and with or without notice, at any time, at the   |
| the best of my knowledge. I<br>termination of my employme<br>employers, criminal record, of | tements on this application and on my resume or do acknowledge and agree that providing any false infect. I also authorize investigation of these statement credit record, driving record, social security number bility for any damages resulting from the information | ormation may re<br>s. This investiga<br>investigation, ar | esult in a decision<br>ation may include | n not to hire me, or if hired, may result in the e employment history, reasons for leaving previous |
| Signature:  |   |   |  | Date:   |
|   |   |   |  |   |