

Knoxville-Knox County Community Action Committee

Application for Employment

CAC is an Equal Opportunity Employer and does not discriminate against any applicant for employment because of race, color, religion, creed, sex, national origin, age, disability, marital or Veteran status, sexual orientation, or any other legally protected status.

Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Email Address: _____

Home Phone: _____ Cell Phone: _____

Auto Make & Model: _____ Tennessee Driver's License No.: _____

Position (s) Applying For In Order of Preference:

(1) _____ (2) _____ (3) _____

Date You Can Start: _____ Salary Desired: _____

Application Status: Your application will be considered for the position (s) you have listed above. You must reapply to be considered for positions available at a later date.

Employment History - List last or present employer first:

Date Month & Year	Name and Address of Employer Supervisor Contact Information	Salary	Position	Reason for Leaving
From _____ To _____	Employer _____ Address _____ Supervisor _____ Phone _____ Email _____			
From _____ To _____	Employer _____ Address _____ Supervisor _____ Phone _____ Email _____			
From _____ To _____	Employer _____ Address _____ Supervisor _____ Phone _____ Email _____			

If currently employed, may we contact your employer? Yes ____ No ____

References: Give below the names of three persons not related to you who have known you for at least one year.

Name	Contact Information	Occupation	Years Acquainted
	Address: _____ Phone: _____ Email: _____		
	Address: _____ Phone: _____ Email: _____		
	Address: _____ Phone: _____ Email: _____		

Education: Name and location of school	Number of Years Attended	Indicate GED, Diploma, or Degree
High School		
College		
Trade, Business, or Other Training		

Are you an AmeriCorps, Peace Corps, Veteran, or other national service alumni? ___Yes ___No

Additional Information:

I hereby certify that all statements made herein and attached hereto are true to the best of my knowledge and belief, and I know that any falsehood or misrepresentation later disclosed will be sufficient grounds for loss of employment. I understand and agree to a post employment offer physical examination which may include a drug test and give permission to check my references.

Date: _____ Applicant's Signature: _____