



Job #:	Position Title:
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Personal Information

First Name:	Middle Name:	Last Name:	Other names used:
Address:	City:	State:	Zip Code:
Home Phone Number:	Business Phone Number:	Email Address:	Highest Level of Education Completed:
State in which highest degree was earned:	Major field of study:	State in which last job was held:	Years of experience in major field:
What is the minimum monthly salary you will accept?	Date of your availability for employment:	If hired, can you furnish proof that you are eligible to work in the United States? Yes No	If hired, can you furnish proof that you are 18 years of age, or if under 18, do you have a permit to work? Yes No
If no, please explain:	Have you been employed here before? Yes No	If yes, indicate date, department and name of supervisor :	Do you have any relatives working here? Yes No
If yes, give name of relative, the department in which they work, and their relationship to you :			

Criminal History

Are you required to register as a sex offender under TCA Title 40, Chapter 39, Part 2? Yes No		
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Educational Institutions

Name of School:	City:	State:	Major/ Minor Field of Study ,if applicable:
Did you graduate? Yes No		Type of Degree, if applicable:	

Employment Experience

Firm Name:	Street Address:	City:	State:
Type of Business:	Begin Date:	End Date (leave blank if still employed):	Total Years/Months:
Your Title:	Duties:	Most Recent/Ending Salary:	Hrs/Wk:
Supervisor Name:	Supervisor Phone:	Supervisor Title:	Number of Employees Supervised:
Reason for Leaving:	May we contact this employer? Yes No		

Firm Name:	Street Address:	City:	State:
Type of Business:	Begin Date:	End Date (leave blank if still employed):	Total Years/Months:
Your Title:	Duties:	Most Recent/Ending Salary:	Hrs/Wk:
Supervisor Name:	Supervisor Phone	Supervisor Title:	Number of Employees Supervised:
Reason for Leaving:	May we contact this employer? Yes No		

References

Name of Reference:	Present Address:	Phone Number:	Email Address:
Known how long?	Your relationship to this person?		

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Name of Reference:	Present Address:	Phone Number:	Email Address:
Known how long?	Your relationship to this person?		

Additional Information

List the products you have used for word processing, spreadsheets, and Windows operating systems :	Are you licensed to practice any profession? Yes No	If yes, list Profession, License Number, Date and Issued By:
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Agreement

I certify that the information I have given is complete, true, and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances in completing this application. I consent to references and former employers being contacted regarding this application. I understand that any misrepresentation of information by me may cancel this application or be cause for my termination in the event I am employed by the university. It is a Class A misdemeanor to misrepresent academic credentials. (T.C.A. Sec. 49-7-133).

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Name	Applicant's Signature	Date
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VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST

As part of our commitment to equal employment opportunity efforts, our institution conducts a survey of all job applicants. Submission of this information is entirely voluntary, and its contents are confidential. We do, however, appreciate your assistance and ask that you complete the following section.

This information will not be used to discriminate against or show preference for any application in the hiring decision.

GENDER: Male Female Not Disclosed

ETHNIC CATEGORY: **Ethnicity** represents social groups with a shared history, sense of identity, geography, and cultural roots, which may occur despite racial difference.

The term “**Hispanic or Latino or Spanish Origin**” is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Do you consider yourself to be of **Hispanic/Latino/Spanish** origin? Yes No Not Disclosed

RACE CATEGORY: **Race** represents a population considered distinct based on physical characteristics.

Select one or more of the following racial categories to describe you:

- Alaska Native** – A person having origins in any of the original people of Alaska, and who maintain tribal affiliation or community attachment.
- American Indian** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian and Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Island.
- White, not of Hispanic Origin** – A person having origins in any of the original people of Europe, the Middle East, or North Africa.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier. For additional information, please review [Form CC-305](#)

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

Blindness	Autism	Bipolar disorder	Post-traumatic stress disorder (PTSD)
Deafness	Cerebral palsy	Major depression	Obsessive compulsive disorder
Cancer	HIV/AIDS	Multiple Sclerosis (MS)	Impairments requiring the use of a wheelchair
Diabetes	Schizophrenia	Missing limbs or partially missing limbs	Intellectual disability (previously called mental retardation)
Epilepsy	Muscular dystrophy		

Voluntary Self Identification of Disability:	Yes, I have a disability (or previously had a disability)	
	No, I do not have a disability	
	I do not wish to answer	

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱSection 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Voluntary Self Identification of Protected Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A "**disabled veteran**" is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "**Armed Forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

The information will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

**Voluntary Self Identification
of Protected Veteran Status**

I identify as one or more of the classifications of protected veteran listed above.
I am not a protected veteran
I don't wish to answer.