

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial

## Knoxville's Community Development Corporation Application for Employment

**To the Applicant:** We appreciate your interest in employment with KCDC and we assure you that we are sincerely interested in your qualifications. In order to get a better understanding of your background, we ask that you fill out this application completely. Your accurate completion of this form will assist us in ensuring that your qualifications will be considered when we are making our staffing decisions. Your application will be retained for a period of one (1) year following your application date. If you wish to be considered for future vacancies, you must notify the Human Resources Office during the posted application period to activate your application.

### Please Print

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates of Military Service if Applicable: \_\_\_\_\_

Position Desired: \_\_\_\_\_

When are you available to begin working at KCDC? \_\_\_\_\_ What is the minimum wage you could accept? \_\_\_\_\_

How did you learn of this vacancy: Newspaper Ad KCDC's Web Page KCDC's Job Posting From a KCDC employee  
KCDC's Job Line From a Friend Other: \_\_\_\_\_

Have you worked for KCDC previously? No Yes If yes, please provide your job title and employment dates: \_\_\_\_\_

Do you have any relatives currently working with KCDC? No Yes If yes, give their name and relationship: \_\_\_\_\_

Have you ever been convicted of a criminal offense? No Yes If yes, list offense(s) and date(s) of conviction: \_\_\_\_\_  
The existence of a criminal record does not constitute an automatic bar to employment.

Professional or Occupational License(s) you hold: \_\_\_\_\_ Number: \_\_\_\_\_

Do you have a valid TN Driver's License (Class D)? Yes No List any other class or endorsement license(s) you have: \_\_\_\_\_

Have you been found guilty of a moving violation within the past three years? No Yes If yes, please explain: \_\_\_\_\_

**Education History**

| Please circle the highest grade you completed. Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 Other: AA AS BA BS MA MS PhD MD |               |                |
|--|---------------|----------------|
| Name and address of Educational Institution(s)   | Major Subject | Type of degree |
| 1)   |               |                |
| 2)   |               |                |
| 3)   |               |                |

**Employment History: Please list all employers starting with present or most recent employer.**

|                  |                     |   |             |
|------------------|---------------------|---|-------------|
| Employer's Name: | Employer's Address: | Supervisor's Name:                      | Job Duties: |
| Job Title:       | Reason For Leaving: | May We Contact This Employer?<br>Yes No |             |
| Hire Date:       | Separation Date:    | Employer's Phone Number:                |             |
| Starting Salary: | Ending Salary:      | ( )                                     |             |
| Employer's Name: | Employer's Address: | Supervisor's Name:                      | Job Duties: |
| Job Title:       | Reason For Leaving: | May We Contact This Employer?<br>Yes No |             |
| Hire Date:       | Separation Date:    | Employer's Phone Number:                |             |
| Starting Salary: | Ending Salary:      | ( )                                     |             |
| Employer's Name: | Employer's Address: | Supervisor's Name:                      | Job Duties: |
| Job Title:       | Reason For Leaving: | May We Contact This Employer?<br>Yes No |             |
| Hire Date:       | Separation Date:    | Employer's Phone Number:                |             |
| Starting Salary: | Ending Salary:      | ( )                                     |             |
| Employer's Name: | Employer's Address: | Supervisor's Name:                      | Job Duties: |
| Job Title:       | Reason For Leaving: | May We Contact This Employer?<br>Yes No |             |
| Hire Date:       | Separation Date:    | Employer's Phone Number:                |             |
| Starting Salary: | Ending Salary:      | ( )                                     |             |

I hereby authorize KCDC to make an investigative report whereby information is obtained through personal interviews with third parties, such as business associates. I understand that I will be required to pass a post-offer physical that includes a drug test. I acknowledge that if I am employed, my employment will be at will, and can be terminated with or without cause at any time by KCDC or myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_