

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. We are sincerely interested in your qualifications. In order to understand your background, we ask that you fill out this application completely. Your accurate completion of this form will enable us to evaluate your qualifications when making our staffing decision. We will retain your application for one (1) year following your application date. You must notify the Human Resources Office during the posted application period to activate your application for future vacancies.

### Please Print

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

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

Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Dates of Military Service if Applicable: \_\_\_\_\_

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 From a Friend KCDC's Web Page Other: \_\_\_\_\_ KCDC's Job Posting From a KCDC employee

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

Do you qualify as a Section 3 resident No Yes-Public Housing Resident Yes-Low income =< 80% of median Yes-Very Low income =<50% of median

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 traffic violation within the past three years? No Yes If yes, please explain: \_\_\_\_\_

**Education History**

Please check the highest grade you completed. High School: <9 9 10 11 12 College: AA/AS BA/BS MA/MS J.D. Ph.D. Other			
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? 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? 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? 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? 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 screen. 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: \_\_\_\_\_