



Human Resource Development
276 Patton Lane • Harriman, TN 37748-5011
www.roanestate.edu/humanres

Application for Employment

PERSONAL INFORMATION

Last Name First Name Middle

Address City State Zip

Primary Contact Number _____ Alternate Contact Number _____

Email Address _____ Last four of SSN _____

Are you legally eligible to work in the U.S.? _____ Do you have a valid driver's license? _____

Will you now or in the future require visa or H1B Sponsorship? _____

Are you a current or previous employee of the State of Tennessee or Tennessee Board of Regents? _____

What is the minimum salary you are willing to accept? _____

Do you have any teaching or administrative experience? _____

Criminal History

Have you ever been convicted of a misdemeanor or felony crime? _____

If yes, please describe the dates, nature, and circumstances of the crime. _____

Are you required to register as a sex offender under TCA Title 40, Chapter 39, Part 2? _____

Education Level

Highest degree completed from an accredited institution: _____

If applicable, how many years of experience do you have in your major field? _____

Onboarding Details

Start Date and Time _____

Orientation Date and Time _____

EDUCATIONAL HISTORY

Educational Institutions

Name of School/Institution _____

City _____ State _____

Major _____ Did you graduate? _____

If yes, what year? _____ Degree: _____

Name of School/Institution _____

City _____ State _____

Major _____ Did you graduate? _____

If yes, what year? _____ Degree: _____

EMPLOYMENT HISTORY

Employment Experience

Employer Name _____

City _____ State _____

Begin Date _____ End Date _____

Job Title _____

Work Performed _____

Number of Employees Supervised _____ Full-Time or Part-Time _____

PT/FT hours worked per week _____

Supervisor Name _____

Supervisor Title _____

Beginning Salary _____ Ending Salary _____

Reason for Leaving _____

May we contact this employer? _____

Phone number and/or email for previous employer _____

Employer Name _____

City _____ State _____

Begin Date _____ End Date _____

Job Title _____

Work Performed _____

Number of Employees Supervised _____ Full-Time or Part-Time _____

PT/FT hours worked per week _____

Supervisor Name _____
Supervisor Title _____
Beginning Salary _____ Ending Salary _____
Reason for Leaving _____
May we contact this employer? _____
Phone number and/or email for previous employer _____

Employer Name _____
City _____ State _____
Begin Date _____ End Date _____
Job Title _____
Work Performed _____
Number of Employees Supervised _____ Full-Time or Part-Time _____
PT/FT hours worked per week _____
Supervisor Name _____
Supervisor Title _____
Beginning Salary _____ Ending Salary _____
Reason for Leaving _____
May we contact this employer? _____
Phone number and/or email for previous employer _____

PROFESSIONAL REFERENCES

References

Name of Reference _____
Address _____
Best way to contact reference? _____
Phone Number _____ Email address (if available) _____
How do you know this reference? _____

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Address _____
Best way to contact reference? _____
Phone Number _____ Email address (if available) _____
How do you know this reference? _____

ADDITIONAL INFORMATION

Please explain any lapses/gaps in employment _____

List any licenses or certifications you hold _____

If applicable, have you taken a clerical test? _____

CERTIFICATION

I verify the accuracy of the information I have provided and application materials ARE public record and are therefore subject to inspection upon request by any citizen of the State of Tennessee.

Any employee of the Tennessee Board of Regents of affiliated institution who is not a U.S. citizen must be authorized to work in the United States and will provide the required documentation to complete an Employment Eligibility Verification Form I-9 on the first day of employment.

I hereby authorize the Tennessee Board of Regents of affiliated institution to conduct a thorough investigation of my background, including past employment, and agree to cooperate in such investigation. I hereby release from liability all persons, companies, institutions, or corporations supplying information requested pursuant to this application.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above mentioned investigations, will be sufficient grounds for immediate discharge. I understand that it is a Class A misdemeanor to misrepresent academic credentials, per T.C.A. Sec. 49-7-133.

The Tennessee Board of Regents of affiliated institution does not discriminate against students, employees, or applicants for admission or employment on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs, and activities sponsored by the Tennessee Board of Regents or affiliated institution.

I certify that I have read and agree with these statements.

Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION STATISTICAL INFORMATION FORM

Position Desired _____

As a government contractor, the Tennessee Board of Regents is subject to Executive Order 11246, as amended; Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974; and Section 503 of the Rehabilitation Act of 1973. ALL of these require government contractors to take Affirmative Action in the employment process.

We request your voluntary completion of the following questionnaire to be used ONLY for the purpose of monitoring the success of our Affirmative Action Plan. This information will not be used to discriminate against or show preference for any application in the hiring decision. Your immediate attention is requested.

Name _____ Gender: Female Male

Birth Date _____ Citizenship: United States Other _____

How did you learn about this position: _____

1. Do you consider yourself to be Hispanic, Latino or of Spanish Origin?*

Yes No

* The term "Hispanic, Latino or of 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.

2. In addition, select *one or more* of the following racial categories to describe yourself:

- White Black or African American
 Asian American Indian
 Alaska Native Native Hawaiian or Other Pacific Islander

Racial Category Definitions

- White - A person having origins in any of the original peoples of Europe, the Middle East or North America
- Black or African American - A person having origins in any of the Black racial groups of Africa
- 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
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Signature

Date