

7513 Northshore Dr., Knoxville, TN 37919

Phone: 865-691-8881

Personal Information

Last	First	MI	SSN#	Email	
Street Address		City	ST	Zip	Primary Phone Number
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Date of Birth
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:		
			Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch		
What position are you applying for? (Check all that apply) <input type="checkbox"/> Bag & Stock <input type="checkbox"/> Cashier <input type="checkbox"/> Deli/Bakery <input type="checkbox"/> Meat/Seafood <input type="checkbox"/> Produce			Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch		
How did you hear about this position?			Expected Hourly Rate: _____ Date Available: _____		
HOURS/WK Desired:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		

Are there any hours, shifts, or days you CANNOT or WILL NOT work? If YES, please give details:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Education

	Name/Location	Last Year Completed				Degree	Major or Emphasis
		9	10	11	12		
High School							
College/University							
Other							

List any applicable special skills, training or proficiencies.

Prior Work Experience

Please list previous 3 employers, beginning with your PRESENT or LAST employer.

1. EMPLOYER: _____

ADDRESS: _____

City, ST, ZIP: _____

PHONE: _____

NAME of IMMEDIATE SUPERVISOR: _____

DUTIES & RESPONSIBILITIES: _____

TYPE of BUSINESS: _____

JOB TITLE: _____

DATE HIRED: _____

DATE LEFT: _____

REASON for LEAVING: _____

ARE YOU STILL WORKING HERE? Yes No OK to CONTACT? Yes No

2. EMPLOYER: _____

ADDRESS: _____

City, ST, ZIP: _____

PHONE: _____

NAME of IMMEDIATE SUPERVISOR: _____

DUTIES & RESPONSIBILITIES: _____

TYPE of BUSINESS: _____

JOB TITLE: _____

DATE HIRED: _____

DATE LEFT: _____

REASON for LEAVING: _____

3. EMPLOYER: _____

ADDRESS: _____

City, ST, ZIP: _____

PHONE: _____

NAME of IMMEDIATE SUPERVISOR: _____

DUTIES & RESPONSIBILITIES: _____

TYPE of BUSINESS: _____

JOB TITLE: _____

DATE HIRED: _____

DATE LEFT: _____

REASON for LEAVING: _____

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature

Date