

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			Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch	
What position are you applying for? (Check all that apply) Bag & Stock   Cashier   Deli/Bakery   Meat/Seafood   Produce			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