

Application for Employment

Harriman Utility Board
300 N. Roane Street
P.O. Box 434
Harriman, TN 37748

Please Print

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____
Last First MI

Address _____
Street City State Zip

Telephone # () _____ Cell Phone # () _____ Email _____

Position applied for _____ Date of Application _____

Referral Source (Please check the appropriate category and name the source)

- | | |
|--|--|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> HUB Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> HUB Website _____ | <input type="checkbox"/> Gov't Employment Agency _____ |
| <input type="checkbox"/> Other Website _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is _____ AM
_____ PM

May we contact you at work?..... Yes No
YES, number and best time to call:
() _____ AM
_____ PM

If you are under 18 and it is required,
can you furnish a work permit?..... Yes No
If NO, please explain _____

Have you submitted an application here before? Yes No
If YES, give date(s) and position(s) _____

Have you ever been employed here before?..... Yes No
If YES, give dates From _____ To _____

Is this application a request for reemployment following an
extended military leave of absence from this company?
 Yes No

Are you legally eligible for employment in this country?
 Yes No
Date available for work _____

What is your desired range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-time Part-time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it?..... Yes No
Will you travel if job requires it?..... Yes No

If they have been explained to you, are you able to meet the
Attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No
If NO, please explain _____

Are you able to perform the "essential functions" of the job
for which you are applying (with or without reasonable
accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the
job's "essential functions" to respond

Driver's license number required if driving may be
required in the job for which you are applying.
_____ State _____

Have you ever been bonded?..... Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to or ever
been convicted of a felony?..... Yes No

If YES, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information:

Employer	Telephone #	Dates Employed	Month / Year /	to	Month / Year /	
Street Address	City	State	Compensation (Starting)			
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ Per	
Starting Job Title/Final Job Title			Commission/Bonus/Other Compensation \$ _____			
Immediate Supervisor and Title (for most recent position held)	May we contact for reference?		Compensation (Final)			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ Per	
Why did you leave?			Commission/Bonus/Other Compensation \$ _____			
Summarize the type of work performed and job responsibilities						
What did you like most about your position?						
What were the things you liked least about the position?						
Employer	Telephone #	Dates Employed	Month / Year /	to	Month / Year /	
Street Address	City	State	Compensation (Starting)			
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ Per	
Starting Job Title/Final Job Title			Commission/Bonus/Other Compensation \$ _____			
Immediate Supervisor and Title (for most recent position held)	May we contact for reference?		Compensation (Final)			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ Per	
Why did you leave?			Commission/Bonus/Other Compensation \$ _____			
Summarize the type of work performed and job responsibilities						
What did you like most about your position?						
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Employer	Telephone #	Dates Employed	Month / Year /	to	Month / Year /	
Street Address	City	State	Compensation (Starting)			
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ Per	
Starting Job Title/Final Job Title			Commission/Bonus/Other Compensation \$ _____			
Immediate Supervisor and Title (for most recent position held)	May we contact for reference?		Compensation (Final)			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ Per	
Why did you leave?			Commission/Bonus/Other Compensation \$ _____			
Summarize the type of work performed and job responsibilities						
What did you like most about your position?						
What were the things you liked least about the position?						

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If YES, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes, include software titles and years of experience)

<input type="checkbox"/> Word Processing _____	Years _____	<input type="checkbox"/> Internet _____	Years _____
<input type="checkbox"/> Spreadsheet _____	Years _____	<input type="checkbox"/> Other _____	Years _____
<input type="checkbox"/> Presentation _____	Years _____	<input type="checkbox"/> Other _____	Years _____
<input type="checkbox"/> E-mail _____	Years _____	<input type="checkbox"/> Other _____	Years _____

Educational Background

Starting with your most recent school attended, provide the following information

School (include City and State)	Years Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship To You	Telephone	Number of Years Known

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No N/A If YES, please explain

Is there any other job-related information you want us to know about you?

Are you related to any of the following people? Current HUB Employee, HUB Board Member, City Council Member, or City Mayor? Yes No
If so, how? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's General Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

HUB does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. HUB likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Harassment of our employees is strictly prohibited, whether it is committed by a manger, coworker, subordinate, or non-employee. HUB takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____ Social Security # _____