

# Application for Employment

Harriman Utility Board  
200 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 Address \_\_\_\_\_

Position applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

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

☐ Walk-in \_\_\_\_\_

☐ HUB Employee \_\_\_\_\_

☐ Advertisement \_\_\_\_\_

☐ HUB Website \_\_\_\_\_

☐ Other Website \_\_\_\_\_

☐ School \_\_\_\_\_

☐ Job Fair \_\_\_\_\_

☐ Staffing Agency \_\_\_\_\_

☐ Gov't Employment Agency \_\_\_\_\_

☐ Other \_\_\_\_\_

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

May we contact you at work? ☐ Yes ☐ No

If YES, number and best time to call: \_\_\_\_\_ AM  
( ) \_\_\_\_\_ PM

If you are under 18 and it is required, ☐ Yes ☐ No  
can you furnish a work permit?

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 \_\_\_\_\_

Are you legally eligible for employment ☐ Yes ☐ No  
in this country?

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, ☐ N/A ☐ Yes ☐ No  
are you able to meet the attendance  
requirements of the position?

Will you work overtime if required? ☐ Yes ☐ No  
If NO, please explain \_\_\_\_\_

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 the 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Harriman Utility Board is an equal opportunity employer.

To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, Washington, D.C. 20250

## Employment History

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

Employer	Telephone #	Dates Employed	Month / Year /	Month / Year to /
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)		
		<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 /	Month / Year to /
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)		
		<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 /	Month / Year to /
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)		
		<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 /	Month / Year to /
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)		
		<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?				

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## 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

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## 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.

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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

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

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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? 

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## 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.

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 # \_\_\_\_\_

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