

# Application for employment

**Personal information** 

Company

City

Street address

Supervisor's name

Reason for leaving

We are an equal opportunity employer. Race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, mental or physical disability, military or veteran status, genetic information, age, and any other categories protected by law are not considered in hiring, employment benefits, or advancement opportunities. Your opportunity for employment with Smokies Life depends solely on your qualifications. Any applicant needing reasonable accommodation during the application or interview process should notify Human Resources.

#### Please read carefully and provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Type or classification of job

Dates worked (start date - end date)

Brief description of job duties:

Last name	First	Middle Initial	Application date	Position applied for
Mailing address			Pronouns	Phone number(s)
City	State	Zip code	Email address	
How were you referre	d to Smokies Life? (select		nt (if so, where was the Employee (if so, who	
Employment r	ecord Include self		t-time jobs, voluntee	er positions, and internships.
Last or present comp	any	Type of business	Type or class	sification of job
Street address		Phone number	Dates worke	ed (start date – end date)
City	State	Zip code	Brief descrip	ption of job duties:
Supervisor's name		Phone number		
Reason for leaving				

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Type of business

Phone number

Phone number

Zip code

State

Company		Type of business	Type or classification of job
Street address		Phone number	Dates worked (start date – end date)
City	State	Zip code	Brief description of job duties:
Supervisor's name		Phone number	
Reason for leaving			

## Educational history

School name	Location (city and state)	Major or subject	Graduated?
High school			Yes
			No
GED			Yes
			No
College			Yes
			No

## Special skills

Skill type	Application, language, model, etc.	Certification/license?	Years experience
Driver's license (please list state)		Yes	
		No	
Forklift		Yes	
		No	
Point-of-sale system		Yes	
		No	
Second spoken language		Yes	
		No	

### **Outside activities (optional**

outside activities (optional)				
Professional memberships, certificates, or licenses held				
Hobbies				

Military record			
Branch of service			Dates served (start date – end date)
Present military affiliation (select one):	None	Reserve (active)	Reserve (inactive)

#### **Professional information**

Are you legally authorized to	o work in the United States?	Yes	No	Are you	over the age of 18?	Yes	No
Are you able to perform the essential functions of the position for which you are applying with or without reasonable accomodations?						No	
Trave you been convicted of a fellowy of misdemental within the past severily years. (Consideration with the recessioning disquarity						Yes No	
May we contact your present/most recent employer? Yes No Wage or salary required (optional): \$							
Date available to begin work:	Days available to work (check all that apply):	Monday Friday		Tuesday Saturday	Wednesday Sunday	Thursday	

I understand that providing misleading or false information is grounds for refusal to hire or immediate termination of employment if I am hired. An offer of employment is conditioned upon complying with Smokies Life's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background check and undergoing pre-employment drug testing if requested. In compliance with federal law, I understand that I will be required to verify my identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire. I consent that Smokies Life may contact references, employers and/or educational institutions listed in this application. I release from liability Smokies Life and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for releasing such information. If you receive a conditional offer of employment, you may be asked to identify any relative who is a current employee of Smokies Life, as Smokies Life places certain restrictions on relatives working together directly. I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Smokies Life creates an actual or implied contract of employment. I understand that, if I accept employment with Smokies Life, it will be on an at-will basis. This means that either Smokies Life or I have the right to terminate the employment relationship at any time, with or without notice, for any reason, with or without cause.

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Signature	ı	Date

If any of your educational or employment records are under names other than the above, please provide other names.

Smokies Life P.O. Box 130 Gatlinburg, TN 37738 865.436.7318

Questions about this application? Contact kelli@smokieslife.org.