



# Application for employment

**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.

## Personal information

Last name		First	Middle Initial	Application date	Position applied for
Mailing address				Pronouns	Phone number(s)
City	State	Zip code		Email address	
<b>How were you referred to Smokies Life?</b> <i>(select only one)</i> Advertisement <i>(if so, where was the ad?)</i> By your college      Employment Agency      Walk-in      Other      Employee <i>(if so, whom?)</i>					

## Employment record

Starting with present or more recent, list past 5 years of employers. Include self-employment, seasonal, part-time jobs, volunteer positions, and internships. Continue on a separate sheet if needed.

Last or present 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			
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			

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

### Educational history

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

### Special skills

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

### Outside activities (optional)

<b>Professional memberships, certificates, or licenses held</b>
<b>Hobbies</b>

## Military record

Branch of service	Dates served (start date – end date)
Present military affiliation (select one):	<input type="checkbox"/> None <input type="checkbox"/> Reserve (active) <input type="checkbox"/> Reserve (inactive)

## Professional information and references

Are you legally authorized to 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 accommodations?			Yes	No	
Have you been convicted of a felony or misdemeanor within the past seven years? (Conviction will not necessarily disqualify an applicant from employment. Each instance and explanation will be considered in relation to the position for which you are applying.)					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
List two past supervisors and one person not related to you who have knowledge of your qualifications for this position.					
Name		Phone number		Occupation	

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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If any of your educational or employment records are under names other than the above, please provide other names.  
 Questions about this application? Contact [kelli@smokieslife.org](mailto:kelli@smokieslife.org).

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