**Hands On! Discovery Center**

Do Not Write In This Space.

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_

Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1212 Suncrest Dr. • Gray, TN 37615

PO Box 1244 • Johnson City, TN 37605

Phone 423-434-4263

*An Equal Opportunity Employer*

APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS FOR APPLYING**

1. **Information must be COMPLETED IN FULL on this application to be considered for employment.**
2. **Please use black or blue ink or complete in digital format.**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you 18 years of age or older? Yes\_\_\_No\_\_\_

Are you legally eligible for employment in this country? Yes \_\_ No \_\_ If no, do you have a work permit? Yes \_\_ No \_\_

**EDUCATIONAL RECORD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School | Name & Location | Number of Years Attended | Degree | Major Subject/Area of Study |
| High School |  |  |  |  |
|  |  |  |  |
| Vocational, Technical, or Business School |  |  |  |  |
|  |  |  |  |
| College or University |  |  |  |  |
|  |  |  |  |

**TYPE OF EMPLOYMENT**

Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How soon could you report to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of employment: Part Time\_\_\_\_ Temporary \_\_\_\_\_ Volunteer\_\_\_\_ Full Time \_\_\_\_

**PLEASE NOTE HOURS AVAILABLE TO WORK BELOW**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|  |  |  |  |  |  |  |

**REFERENCES**

Provide references familiar with your experience and ability. DO NOT include relatives/significant others. If references would know you by another name, please INDICATE IN PARENTHESES the name by which they know you.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship w/reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship w/reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship w/reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS EXPERIENCE- START WITH MOST RECENT/CURRENT POSITION –EMPLOYMENT HISTORY MUST BE FILLED OUT ON APPLICATION TO BE CONSIDERED FOR EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of Employment  Mo/Yr (Most recent to least) | Name and Address of Employer | Position Held | Type of Work Performed | Reason for Leaving |
| From  To |  |  |  |  |
| From  To |  |  |  |  |
| From  To |  |  |  |  |
| From  To |  |  |  |  |
| From    To |  |  |  |  |
|  |  |  |  |  |

**SUPPLEMENTARY DATA**

Have you ever been convicted of a felony? Yes \_\_\_ No\_\_\_\_ (A conviction record will not necessarily be a bar to employment. Age/time of offense, seriousness/nature of violation, and rehabilitation will be taken into account.)

If ‘Yes’, give date, nature of Offense, and Disposition of Case \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received a dishonorable discharge from the military service? Yes \_\_\_\_ No \_\_\_\_\_

(A dishonorable discharge is not an absolute bar to employment, other factors will affect a final decision to hire.

If ‘Yes’, give date, and reason for discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION-PLEASE READ CAREFULLY**

I hereby authorize Hands On! Discovery Center to obtain information from my previous employers, schools, references, and such other sources as is determined to be necessary in connection with my employment. I also authorize Hands On! Discovery Center to perform a criminal background check. I understand that falsification of any information submitted to Hands On! by me for employment consideration will be sufficient cause for cancellation of the application or may result in disciplinary action or termination of the employment if I am employed by Hands On! Discovery Center.

I understand that this application is not, and is not intended to be, a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated by me or Hands On! Discovery Center at any time. I understand that if terminated, the Hands On! Discovery Center is liable only for wages and salary earned as of the date of termination. I understand that no person is authorized to change the terms mentioned in this employment application.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_