



TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

NORTHWEST

Employment Application Tennessee College of Applied Technology –

Position Applying For:	Federal Work Study - Facilities
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Personal Information:

First Name:	Middle Name:	Last Name:	Maiden Name (If applicable):
Address:	City:	State (enter NA if a non US address):	Zip Code:
Primary Contact Number:	Alternate Contact Number:	Email Address:	Are you legally eligible to work in the U.S.?
Do you have a valid driver's license?	Are you a current or previous employee of the State of Tennessee Board of Regents?	What is the minimum salary you are willing to accept?	Do you have any teaching or administrative experience?
Are you related to a current Tennessee Board of Regents' employee? If so, who is the employee and how are you related?			

Criminal History:

Have you ever been convicted of a misdemeanor or felony crime? A "yes" response will not automatically disqualify an applicant from employment consideration. Each application will be evaluated based on the nature of the crime, when it occurred, and the duties and responsibilities of the position for which you are being considered. If yes, please describe the dates, nature, and circumstances of the crime:	
Because TCA 40-39-211 prohibits sex offenders required to register under TCA Title 40, Chapter 39, Part 2 from knowingly accepting employment within one thousand feet (1,000') of the property line of any public school, private or parochial school, licensed day care center, other child care facility, public park, playground recreation center or public athletic field available for use by the general public, registered sex offenders are not eligible for employment at many TBR institutions. Are you required to register as a sex offenders under TCA Title 40, Chapter 39, Part 2?	

Education Level:

Highest level/degree completed?	If applicable, how many years of experience do you have in your major field?
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Educational Institutions (start with most recent):

Name of School/Institution:	City:	State:	
Major:	Did you graduate?	If yes, what year?	Degree:

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Name of School/Institution:	City:	State:	
Major:	Did you graduate?	If yes, what year?	Degree:

Employment Experience: (start with the most recent)

Employer Name:	City:	State (enter NA if a non US address):	Begin Date:
End Date: (leave blank if still employed)	Job Title:	Work Performed:	Number of Employees:

Full-Time or Part-Time?	Supervisor Name:	Supervisor Title:	Beginning Salary:
Ending salary:	Reason for Leaving:	May we contact this Employer?	Phone number for Previous Employer?

Employer Name:	City:	State (enter NA if a non US address):	Begin Date:
End Date: (leave blank if still employed)	Job Title:	Work Performed:	Number of Employees:
Full-Time or Part-Time?	Supervisor Name:	Supervisor Title:	Beginning Salary:
Ending salary:	Reason for Leaving:	May we contact this Employer?	Phone number for Previous Employer?

Employer Name:	City:	State (enter NA if a non US address):	Begin Date:
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Full-Time or Part-Time?	Supervisor Name:	Supervisor Title:	Beginning Salary:
Ending salary:	Reason for Leaving:	May we contact this Employer?	Phone number for Previous Employer?

Professional References:

Name of Reference:	Address:	Phone Number:
Email address:		How do you know this reference?

Name of Reference:	Address:	Phone Number:
Email address:		How do you know this reference?

Name of Reference:	Address:	Phone Number:
Email address:		How do you know this reference?

Personal References:

Name of Reference:	Address:	Phone Number:
Email address:		How do you know this reference?

Name of Reference:	Address:	Phone Number:
Email address:		How do you know this reference?

Name of Reference:	Address:	Phone Number:
Email address:		How do you know this reference?

Additional Information:

Please explain any lapses/gaps in employment:	Are you a licensed professional?	List skills by type of equipment/software etc.:	If applicable have you taken a clerical test?:
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Agreement

I verify the accuracy of the information I have provided and acknowledge application materials ARE public record and are therefore subject to inspection upon request by any citizen of the State of Tennessee.

Any employee of the Tennessee Board of Regents or affiliated institution who is not a U.S. citizen must be authorized to work in the United States and will provide the required documentation to complete an Employment Eligibility Verification form I-9 on the first day of employment.

I hereby authorize the Tennessee Board of Regents or affiliated institution to conduct a thorough investigation of my background, including past employment, and agree to cooperate in such investigations. I hereby release from liability all persons, companies, institution, or corporations supplying information requested pursuant to this application.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above mentioned investigations, will be sufficient grounds for immediate discharge. I understand that it is a Class A misdemeanor to misrepresent academic credentials, per T.C.A Sec. 49-7-133.

It is the policy of the Tennessee Board of Regents or affiliated institution to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, gender, age, veteran status, or disability.

A request for reasonable accommodation to enable an employee to perform the essential elements of his or her position, or to enable an applicant for employment to complete the application process, must be initiated by the individual seeking accommodation. Applicants for employment should apply for reasonable accommodation and provide documentation of disability.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicants Signature

Date

The Tennessee College of Applied Technology Northwest does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Title VI and IX Coordinator, 340 Washington Street, Newbern, TN 38059, 731-627-2511.

**THIS PAGE IS INTENTIONALLY LEFT BLANK, PLEASE INCLUDE IT WITH
YOUR COMPLETED APPLICATION!**



Tennessee Board of Regents Tennessee Colleges of Applied Technology Voluntary Self-Identification Form

Tennessee Board of Regents (TBR) is an equal opportunity employer. As a federal contractor, TBR complies with federal regulations pertaining to affirmative action, equal opportunity, and nondiscrimination. We ask your assistance in helping us to meet our federal compliance obligations of monitoring our recruitment, promotion and retention processes.

Name _____

Gender: Female Male

The race and ethnicity categories below have been defined by the U.S. Departments of Education and Labor.

I. Are you Hispanic or Latino? -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Yes No

II. Regardless of your answer to the question above, please check the groups below in which you consider yourself to be a member:

American Indian/Alaska Native -- A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain their tribal affiliation or community attachment.

Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.

Black (non-Hispanic) -- A person having origins in any of the black racial groups of Africa.

Native Hawaiian or other Pacific Islander -- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (non-Hispanic) -- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Self-identification of a disability or veteran status is strictly voluntary. Declining to provide this information will not subject you to any adverse treatment. The information you provide on this form will be treated as confidential and completed forms are maintained in files separate from that individual's personnel file and are held in strict confidence, except that:

1. Administrators, managers, or supervisors may be informed of any work restrictions or reasonable accommodations;
2. First aid or safety personnel may be informed, to the extent necessary, to administer any emergency treatment; and
3. Government officials may review the forms in conjunction with an investigation or audit of the TBR's compliance with relevant federal, state or local law.

III. Please check the groups below in which you consider yourself to be a member:

Under federal law, a person with a disability is defined as follows:

- Person with a Disability** – A person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.

Employees who wish to request a reasonable accommodation should contact

Veteran status is defined as follows by the U.S. Department of Veterans Affairs. Please check all that apply:

- Disabled Veteran** - (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Special Disabled Veteran** - (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran**- a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.
- Recently Separated Veteran** - a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- Armed Forces Service Medal Veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12983 (61 Fed. Reg. 1209).
- Other Protected Veteran** – a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. Information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A copy of the list also may be obtained by calling (301) 306-6752 and requesting that a copy of the list be mailed to you.

Signature: _____ Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 9 of 10

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 10

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.