

William P. Ridley 4-H Center

Application for Employment

Thank you for your interest in employment at the Ridley 4-H Center. Please complete the attached Application for Employment and return to:

Ridley 4-H Center
850 Lion Parkway
Columbia, TN 38401

The University of Tennessee

Application for Employment



Please type or print in black ink:

Date of Application: _____	<div style="border: 1px solid black; padding: 5px;"> For HR Use Only Applicant No. _____ </div>
Position Number and Title: _____	
Please check all applicable options: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Date Available: _____	

Name: _____

Last
First
Middle Initial
Social Security No.

Mailing Address: _____

 Primary Phone No.,
 including Area Code

 Alternative Phone No.,
 including Area Code

Email Address: _____

Other Contact: _____

Name
Phone Number, including Area Code

Address

To aid in our verification efforts, list any other names used while employed, e.g., maiden name, legal name changes, etc.: _____

Previous UT or State employee? Yes No If yes, please give dates and department/agency:

Previous Federal employee? Yes No If yes, please give dates and department/agency:

Relatives working for UT: _____

Name	Department	Relationship
_____	_____	_____
Name	Department	Relationship
_____	_____	_____

Please identify how you learned of this position and specify the source below:

- Newspaper
 Personal Referral
 Professional Journal
 Job Fair
 Job Line
 Vacancy List
 Internet
 Employment Security
 UT Employee
 Professional Meeting
 Other

Please specify source: _____

EDUCATION

Name and Location	From Month/Year	To Month/Year	Major/Degree	Did you graduate?
High School/GED:				
Vocational/Technical School :				
College/University:				
Postgraduate:				
Other:				

Honors: _____

Activities: _____

If applicable for the position applied for, note any current certification, license (i.e., driver's license), and/or registration:	_____ _____	Expiration Date: _____ _____
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Skills: List any skills, training, or other qualifications that you feel are applicable to the position for which you applied:	
<input type="checkbox"/> Typing WPM _____	<input type="checkbox"/> Dictation WPM _____
Specialized word processing or computer-related skills: _____ _____ _____	
Other: _____	

Employment: List present or most recent employment first. List all employment experience including military and volunteer service. Show employment history for the past ten years or from the time you left school (if employed less than ten years). You may attach supporting documents (resume, letters of reference, etc.). If you choose to attach a resume, you may use (See Resume) in job title and duties section. This information will be used in reference checks necessary for further consideration. Failure to answer all items in the following section may eliminate you from further consideration. If necessary, please attach a supplemental page for listing additional employment history.

Employment History

Employer	Telephone, including area code	
Address	Salary	
Job Title and Duties	Employed (Month and Year)	FROM TO
Name of Supervisor	Reason for Leaving	
May we Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Telephone, including area code	
Address	Salary	
Job Title and Duties	Employed (Month and Year)	FROM TO
Name of Supervisor	Reason for Leaving	
Employer	Telephone, including area code	
Address	Salary	
Job Title and Duties	Employed (Month and Year)	FROM TO
Name of Supervisor	Reason for Leaving	
Employer	Telephone, including area code	
Address	Salary	
Job Title and Duties	Employed (Month and Year)	FROM TO
Name of Supervisor	Reason for Leaving	
Employer	Telephone, including area code	
Address	Salary	
Job Title and Duties	Employed (Month and Year)	FROM TO
Name of Supervisor	Reason for Leaving	

References: List three individuals, other than relatives, whom we can contact. They should have knowledge of your work experience and/or education (former employers, supervisors, professors, colleagues, etc.).

Name	Mailing Address and Zip Code	Occupation	Association with You
1.			
2.			
3.			

Certification of Applicant

I certify that all answers to the questions in this application are true, and I further understand that any false statement and/or omission in this application and all other accompanying documentation will be sufficient grounds for rejection of the application or termination of employment. I authorize the University to make any and all necessary and appropriate investigations to verify the information contained herein, including criminal records and work experience checks. I also understand prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility (I-9 form) shall result in immediate termination of employment and/or offer of employment.

Signature _____ **Date** _____

The University of Tennessee does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in provision of educational programs and services or employment opportunities and benefits. This policy extends to both employment by and admission to the University. The University does not discriminate on the basis of race, sex, or disability in the educational programs and activities pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 503 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990.

Inquiries and charges of violation concerning Title VI, Title IX, Section 504, ADA or the Age Discrimination in Employment (ADEA) or any other referenced policies should be directed to the Office of Equity and Diversity (OED), 2110 Terrace Ave., Knoxville, TN 37996-3560, telephone (865) 974-2498 (V/TTY available) or (865) 974-2440. Requests for accommodation of a disability should be directed to the ADA Coordinator, UT Human Resources, 600 Henley Street, Knoxville, TN 37996-2145.

Please check position(s) you would be interested in applying for:

- Airbrush Instructor
- Cafeteria Assistant
- Concession Stand Attendant
- Crafts Instructor
- Archery Instructor
- Service Learning Counselor
- Recreation Instructor *
- Swimming Instructor & Life Guard *
- Wildlife Instructor *
- Other (Please Specify) _____

Qualifications and Training:

- ARC/WSI Certificate
- ARC Lifeguard Certificate
- BSA/Aquatic Instructor
- BSA Lifeguard Certificate
- YMCA Lifesaving/Lifeguard Certificate
- ARC First Aid Certificate
- TWRA Hunter Safety Graduate
- CPR
- 4-H Teen Leader _____ Number of years

* requires current American Red Cross, YMCA or BSA lifeguard certification

Write comments including 4-H work, training or experience which might have a bearing on the position(s) for which you are applying in the space provided below:

Comments:

**The University of Tennessee
Disclosure Statement**

The University of Tennessee requires the following information be obtained from each applicant for employment at the University. Any applicant who does not provide the following information will not be considered for employment.

1. Have you ever been convicted of a criminal offense or do you have criminal charges pending against you?

Yes

No

2. Have you ever been dismissed from employment for cause?

Yes

No

If the answer is yes to either question, please give appropriate details.

I hereby certify that the above statements are true to the best of my knowledge.

Signature

Date _____

Please print name

Information provided on this document does not necessarily disqualify an applicant from employment at The University of Tennessee.

**FAIR CREDIT REPORTING ACT DISCLOSURE
AND AUTHORIZATION TO RELEASE INFORMATION**

DISCLOSURE

In connection with your application for employment at the University of Tennessee, the University may verify information within the application or other materials relating to your application for employment. As part of that verification process, the University will request, from a background check vendor, an investigative consumer report ("Background Check Report") on you as defined in the Fair Credit Reporting Act.

For University purposes, a Background Check Report will consist of a criminal background check, employment verification, education verification, reference check, public records check, driving records check, and professional license check. It will not include a credit check, although information that pertains to your credit may be contained among public records (*i.e.*, bankruptcy filings). The information obtained in the Background Check Report will be utilized only during the initial employment application process. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the Background Check Report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

AUTHORIZATION

By my signature below, I expressly authorize and instruct the background check vendor to perform and release to the University a Background Check Report on me at the request of the University in conjunction with my job application. I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me, if any, may be used for the purpose of conducting a background check.

By my signature below, I also authorize the disclosure to the University and/or to the background check vendor of information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, and all other publicly available information the University deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; and other public sources. I hereby release and hold the background check vendor and the University, its officers, directors, employees, and trustees harmless from any and all liability with respect to the Background Check Report, investigations, verifications, and/or the use of any information relevant to my employment.

By my signature below, I acknowledge that this Authorization Form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the University of Tennessee.

Signature of Applicant: _____ Date: _____

Print Full Name: _____ Social Security #: _____ - _____ - _____

Other Names Used (alias, maiden, nickname) _____

Driver's License Number _____ State Issued _____ Date of Birth: ____/____/____

Current Residence Address: _____
(Number & Street) City State Zip

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

(Date from - to)	(Number & Street)	City	State	Zip
(Date from - to)	(Number & Street)	City	State	Zip
(Date from - to)	(Number & Street)	City	State	Zip
(Date from - to)	(Number & Street)	City	State	Zip
(Date from - to)	(Number & Street)	City	State	Zip

PLEASE SUPPLY THE FOLLOWING SCHOOL INFORMATION (HIGHEST DEGREE EARNED): N/A

SCHOOL: _____ **CITY/STATE:** _____

DEGREE: _____ **DEGREE STATUS:** _____

DATES ATTENDED: _____
 (Start Month / Year) (End Month / Year)

ADDITIONAL STATE LAW NOTICES

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For California Applicants Only

You may view the file maintained on you by TrueScreen during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at TrueScreen's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. TrueScreen has trained personnel available to explain your file to you, including any coded information. If you appear in person, you must be accompanied by one other person, provided that person furnishes proper identification.

For Minnesota, Oklahoma and California Applicants Only: In connection with your application for employment, your investigative consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to a free copy of your investigative consumer report by checking the appropriate box below.

- _____ YES, I am a California resident and would like a free copy of my investigative consumer report.
- _____ YES, I am a Minnesota resident and would like a free copy of my consumer report.
- _____ YES, I am an Oklahoma resident and would like a free copy of my consumer report.