



3315 North Highland, Jackson TN, 38305
731-300-3222

APPLICATION FOR EMPLOYMENT I
AN EQUAL OPPORTUNITY EMPLOYER

NAME - LAST	FIRST	MIDDLE	POSITION DESIRED	SOCIAL SECURITY NUMBER	TODAYS DATE: DATE AVAILABLE:
ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER:	Do you wish to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/>
Please indicate hours you are available to work: <u>Monday</u> <u>Tuesday</u> <u>Wednesday</u> <u>Thursday</u> <u>Friday</u> <u>Saturday</u> <u>Sunday</u>					

EDUCATION				SKILLS	
NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR COURSE(S)	GRADUATED OR DEGREE	<input type="checkbox"/> POS MACHINE	<input type="checkbox"/> ELECTRICAL
HIGH SCHOOL			YES NO	<input type="checkbox"/> KEY CUTTING MACHINE	<input type="checkbox"/> PLUMBING
				<input type="checkbox"/> PAINT MIXING MACHINE	<input type="checkbox"/> BUILDING CONSTRUCTION
COLLEGE			LIST DEGREE	<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> PERSONAL COMPUTER
				<input type="checkbox"/> OTHER SKILLS:	
GRAD. SCHOOL					
OTHER					

EMPLOYMENT HISTORY				
Give Names and Addresses of All Previous Employers. If you are now working, present employer and reason for desire to quit must be included. Additional paper will be provided upon request. Also give reason for any lapse of time between jobs. MAY WE CONTACT YOUR CURRENT EMPLOYER?: <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYER (Latest First)	DATES EMPLOYED	EARNINGS HISTORY	TITLE AND DUTIES	REASON FOR LEAVING
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE SUPERVISOR				
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE SUPERVISOR				
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE SUPERVISOR				
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP	TO	FINAL		
TELEPHONE SUPERVISOR				

(Complete Other Side)

MILITARY SERVICE	BRANCH	FINAL RANK/GRADE	SPECIALTY/MOS	RESERVE STATUS
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Have you ever been employed by our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN	WHERE
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Do you have any relatives employed by our Company? YES NO If yes, please state person's name, job and employment location. _____

GENERAL INFORMATION

Have you ever been convicted or pleaded guilty to a felony? YES NO If yes, give full details. (Conviction won't necessarily disqualify you for the position for which you are applying.)

If hired, can you furnish proof of age? YES NO If hired, can you furnish proof you are legally entitled to work in U.S.? YES NO

How did you hear of our Company? Employee Referral _____ Own Accord Advertising Agency _____ _____
name of employee name other

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company?

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:

This application is considered current for 90 days. If you want to be considered for employment after this time you must renew your application in writing.

Date _____ **Applicant's Signature** _____

You must fill in your own application and fully complete this application in order to receive proper consideration.
