

Clyde Austin 4-H Center

Application for Employment

Thank you for your interest in employment at the Clyde Austin 4-H Center. If you have any questions about this application contact our offices at 423-639-3811.

Please return the completed application to:

Clyde Austin 4-H Center
214 4-H Lane
Greeneville, TN 37743

The University of Tennessee

Application for Employment



Please type or print in black ink:

Date of Application: _____

Position Number and Title:

For HR Use Only

Applicant No. _____

Please check all applicable options: Full Time Part Time 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:

Typing WPM _____
 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 Counselor
- Cafeteria Assistant
- Concession Stand Attendant
- Crafts Counselor
- Canoeing Instructor & Lifeguard
- Service Learning Counselor
- Sight & Sound Counselor
- Swimming Instructor & Life Guard
- Wildlife Counselor
- 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

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: