





# STATE OF TENNESSEE EMPLOYMENT APPLICATION

**ATTENTION APPLICANTS:** DO NOT INCLUDE THIS PAGE WHEN PROVIDING A COPY OF YOUR APPLICATION FOR AN EMPLOYMENT INTERVIEW.

**ATTENTION AGENCIES:** DO NOT INCLUDE THIS PAGE IF YOU KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

**VETERANS PREFERENCE:** Tennessee veteran's preference is extended to applicants listed on the appointment or promotional list. To be eligible for veterans preference, you must have received an honorable discharge from the army, navy, air force, marine corps or coast guard or any member of the reserve components, as defined in 10 U.S.C. § 10101, who performs active federal service in the armed forces of the United States. Proof of dates of military service, honorable discharge, disability, death, and residence are required and must be provided to the Department of Human Resources in order to receive Veterans Preference. A spouse or surviving spouse of a veteran is eligible if these conditions are met: as a result of such military services, the veteran suffered a one hundred (100%) percent service-connected disability or is permanently and totally disabled; or the veteran died in the line of duty during such military service; **and** the surviving spouse has not remarried since the death of the veteran.

**TO CLAIM VETERANS PREFERENCE, CHECK THE APPROPRIATE BOX BELOW AND SUBMIT PROOF AS INDICATED IN THE TABLE.**

Proof will be submitted under separate cover  Proof is attached

Proof has previously been submitted to Applicant Services

**Date of Entry in Military Service**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Branch of Service: \_\_\_\_\_

**Date of Separation from Active Service**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Rank at Discharge: \_\_\_\_\_

**SPECIAL QUALIFICATION INFORMATION:** Employment consideration for some jobs is limited to U.S. citizens and/or to individuals who meet minimum age requirements. If you are applying for a job for which U.S. citizenship or minimum age requirements are applicable, please provide the information in this block.

To be considered for jobs requiring U.S. citizenship, please answer: Are you a U.S. citizen? \_\_\_\_\_

To be considered for job requiring a minimum age, please answer: Age at time of application: \_\_\_\_\_

**\*\*\*OPTIONAL INFORMATION\*\*\***

The following information is for Equal Employment Opportunity/Affirmative Action purposes only. To assist the State of TN in its commitment to equal employment opportunity, applicants are asked to voluntarily provide the following information. The State of TN is authorized under federal law to retain this information for research and statistical reasons. This information will not be used in an employment decision and an applicant's failure or refusal to provide this information will not affect an applicant's employment opportunities. Data will be held confidential and only used in accordance with applicable federal law. Refusal to provide information will not subject the applicant to any adverse treatment.

RACE:  White  Black  Hispanic  
 Asian or Pacific Islander  Native American Indian  Alaskan Native  
 Other

SEX:  Male  Female

Please return completed application to:

Any Tennessee Driver Services Center

or

Email- HR.Safety@TN.gov



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## EDUCATIONAL BACKGROUND

Please indicate the highest level of primary or secondary education completed.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	2	3	4	5	6	7	8	9	10	11	GED	High School Diploma	Cert. of Completion							
														Date of Completion						

**POSTSECONDARY EDUCATION** – Please list schools attended after high school. This includes any colleges, universities or vocational schools.

Name and City/State of School	Dates Attended		# of hours Completed	Did you Graduate		Date of Graduation	Major	Type of Degree
	To	From		Yes	No			

**LICENSES:** Please list each license, certificate or other authorization to practice a trade or profession. Teachers must specify subject area and type of certification. Please make sure licensure information is current with each new application you submit.

TYPE OF CERTIFICATION	AREA OF ENDORSEMENT	LICENSE NO.	ORIGINAL ISSUE DATE	EXPIRATION DATE	STATE/ISSUING AGENCY

## EXPERIENCE BACKGROUND

**INSTRUCTIONS:** To complete your work history, use the job blocks provided below and on the following pages, beginning with your present or most recent job. If necessary, you may attach additional sheets to provide your complete work history in the format shown below. It is important that you accurately describe the major responsibilities associated with each job you have held. You may submit an employment resume to supplement your application.

<b>Job Title</b> _____	<b>Employment dates</b> _____ / _____
<b>Hours per week</b> _____	<b>Starting Salary</b> _____ <b>Ending Salary</b> _____
<b>Employer Name:</b> _____	
<b>Employer Address:</b> _____	<b>Phone</b> _____
<b>Name of Supervisor:</b> _____ <b># of employees you supervised</b> _____	
<b>Reason for leaving:</b> _____	
<b>Duties:</b> _____	
_____	
_____	

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Job Title _____	Employment dates _____ / _____	
Hours per week _____	Starting Salary _____	Ending Salary _____
Employer Name: _____		
Employer Address: _____		Phone _____
Name of Supervisor: _____	# of employees you supervised _____	
Reason for leaving: _____		
Duties: _____		
_____		
_____		

Job Title _____	Employment dates _____ / _____	
Hours per week _____	Starting Salary _____	Ending Salary _____
Employer Name: _____		
Employer Address: _____		Phone _____
Name of Supervisor: _____	# of employees you supervised _____	
Reason for leaving: _____		
Duties: _____		
_____		
_____		

Job Title _____	Employment dates _____ / _____	
Hours per week _____	Starting Salary _____	Ending Salary _____
Employer Name: _____		
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Name of Supervisor: _____	# of employees you supervised _____	
Reason for leaving: _____		
Duties: _____		
_____		
_____		

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**REFERENCES:** Please provide complete information for your references below. Please make sure your reference information is current with each new application you submit.

NAME	ADDRESS	CITY-STATE	PHONE

**SIGNATURE:**

Under penalty of perjury, I certify that the information I am providing in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification or material misrepresentation, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future consideration. I hereby authorize the State of Tennessee to make all necessary investigations concerning me or my actions and to receive and make available to all state agencies my academic records or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution, and/or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

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

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or

Email- [HR.Safety@TN.gov](mailto:HR.Safety@TN.gov)