

2470 Volunteer Parkway
PO Box 549
Bristol, TN 37621
423-968-1526

Employment Application

An Equal Opportunity Employer

Instructions: Please print clearly. Answer all questions accurately and completely. Your application will remain active for 12 months.

Date: _____ Date Available: _____

BTES drug tests ALL new employees. Drug testing by NTA, Inc. 423-793-5545 (fax) **Personal Data** Full Name (First, Middle, Last): Address: Best Contact Telephone Number: Telephone Number 8am-5pm: City, State, Zip: Email: Position desired:_____ Salary desired: Type of employment desired: Full Time ☐ Part Time ☐ Temporary ☐ Hours available: _____ Willing to work overtime? Yes ☐ No ☐ Check days available: Mon □ Tues □ Wed □ Thurs □ Fri □ Sat □ Sun□ Have you worked or attended school under any other name? Yes ☐ No ☐ If yes, name(s):_____ Are you over 18 years of age? Yes \(\bigsize\) No \(\bigsize\) If not, give date of birth: Are you eligible for employment in this county? Yes \(\begin{align*} \text{No } \begin{align*} \Boxed{\text{D}} \\ \text{No } \Boxed{\t Are you able to meet the attendance requirement of BTES? Yes \(\begin{align*} \Pi & Who referred you to us? Do you have a valid driver's license? Yes ☐ No ☐ License Number: _____ State: ____ Expiration Date: Have you been cited for any traffic violations or been involved in any vehicle accidents over the last five years? Yes □ No □ If yes, how many? _____

Education / Training							
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12							
Did you receive a high school diploma? Yes ☐ No ☐							
If not, have you passed a high school equivalency exam? Yes ☐ No ☐							
Type of School	Name and Address of School	Last Year Attended	Major	Degree	Overall Grade Point Average		
High School							
College/University							
College/University							
Business/Trade							
	Sk	ills					
If yes, explain: Off	fice Typing WPM Switchboard Adding Machine Two-way radio AutoCad Computer (list software):	No 🗖	Field Backhoe Air tools Forklift Dump Tru Trencher Front-end Bucket Tr Hole Digg Boom Axo Crane Chain Sav	d loader ruck ger e			
List any other skills, certifications, licenses, etc., that would qualify you for employment:							
Military Record							
Service Branch	Initial Rank/Date	Fina	l Rank/Date	S	pecialty	7	
Work related spec	cialty training:			Retired?	Yes □ No □]	

Employment Record

List previous job s starting with your present or most recent one. Please describe duties as completely as space allows. (Attach separate sheet if needed).

Employer:		Dates E	mployed	Work Performed
Address:		From	То	
Telephone:	Supervisor Name:		ary	_
Job Title:		Starting	Final	_
Reason for leaving	:			
Employer:			mployed	Work Performed
Address:		From	То	
Telephone:	Supervisor Name:	Sal	ary	
Job Title:	Supervisor Name.	Starting	Final	
Reason for leaving	g:			
Employer:		Dates E	mployed	Work Performed:
Address:		From	То	
Talanhana	Cura a mia a m Na ma a .	Sal	ary	_
Telephone: Job Title:	Supervisor Name:	Starting	Final	
Reason for leaving	:			
State what you o	lid in any periods not already covered including part-	time, self empl	oyment or	unemployment.
Dates From To	Name of Employer and Job Duties			
•	trade, business or civic activities and offices held. Your cee, religion, national origin, age, ancestry, disability of			ip which would

List	three people, preferably pas	t supervisors, who can tell us ab	out your qualifications. Do n	ot include relatives.
	Name	Business Name	Email Address	Phone Numbe
۷ł	ny would you like to work f	or BTES?		
/ł	at has been your most int	eresting work?		
/ł	at has been your most int	eresting work?		
		eresting work?		
		Certification and A	greement	
Vł	nat made it interesting?	Certification and A	greement re signing:	
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·	I certify that the information pull understand and agree that an have supplied, will be justificate termination. I authorize the past employers my ability, character, reputation for giving this information. I understand I must pass a post company physician prior to find I understand that my application orders, rules and regulations or I agree, if employed, that I will	Certification and As Please read carefully before rovided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in this application is true, constant of the provided in t	greement re signing: mplete and correct. ration of information provided I employed, sufficient grounds for er persons to answer all question record and release them from I ion including drug screening con nytime, while employed, when re a contract. If I am employed, e area of BTES. reful and avoid accidents, come	or immediate ons asked concerning liability for damages onducted by the requested. I will comply with all

To the Applicant:

To aid Bristol Tennessee Essential Services in its commitment to Affirmative Action, individuals are asked to voluntarily provide the following information. Your assistance is appreciated and will ensure the success of the Affirmative Action Program.

Name			
First	Middle	Last	
Male Female			
Disabled Yes	No 🗆		
Racial or Ethnic group (c	heck one)		
□ Caucasian			
□ Black			
☐ Hispanic			
□ Asian			
☐ American Indian			
Other			

The information provided will be used for statistical purposes only. Employment decisions will not be based upon whether or not you provide this information.