

2470 Volunteer Parkway PO Box 549 Bristol, TN 37621 423-968-1526 423-793-5545 (fax)

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.

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	Per	sonal Data	
Full Name (First, Middle, Last):			Social Security Number:
Address:			Best Contact Telephone Number:
			()
City, State, Zip:			Telephone Number 8am-5pm:
			()
Email:			
Position desired:			Salary desired:
Type of employment desired: F	ull Time 🔲	Part Time 🚨	Temporary \Box
Hours available:			Willing to work overtime? Yes ☐ No ☐
Check days available: Mon 🖵 🏻 T	ues 🗖 Wed 🗖	Thurs 🗖 🛭 Fri 🗆	I Sat □ Sun□
Have you worked or attended sci	hool under any c	other name? Yes	□ No □
If yes, name(s):			
Are you over 18 years of age? Y	es 🗖 No 🗖	If not, give dat	e of birth:
Are you eligible for employment	in this county?	Yes 🗖 No 🗖	
Are you able to meet the attenda	ance requiremen	nt of BTES? Yes [□ No □
Who referred you to us?			
Do you have a valid driver's licen	se? Yes 🗖 N	o 🗖	
License Number:		State:	Expiration Date:
Have you been cited for any traff years? Yes No If yes, hov			ny vehicle accidents over the last five -
Have you been convicted of a cri	me? Yes 🗖 No	o 🗖 (a convictior	will not necessarily bar employment)
If yes, explain:			

	Educatio	n / Trainir	ng				
Circle highest gra	de 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 p	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							
	S	kills					
_ _ _ _	Typing WPM Switchboard Adding Machine Two-way radio AutoCad Computer (list software):		Field Backhoe Air tools Forklift Dump Tre Trencher Front-end Bucket Tre Hole Digg Boom Ax 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		
Work related spe	 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:			mployed _	Work Performed
Address:		From	То	_
Telephone:	Supervisor Name:	Sal	ary	_
Job Title:		Starting	Final	
Reason for leavi	ng:			
Employer:		Dates Employed		Work Performed
Address:		From	То	
		Col	arv	
Telephone:	Supervisor Name:	Starting	lary Final	
Job Title:		Starting	1	
Reason for leavi	ng:			
Employer:			mployed –	Work Performed
Address:		From	То	
Telephone:	Supervisor Name:	Sal	ary	
Job Title:		Starting	Final	_
Reason for leavi	ng:	1		
•	did in any periods not already covered including part-ting te sheet if needed).	me, self empl	oyment or	unemployment.
Dates				
List professiona reveal gender,	al, trade, business or civic activities and offices held. <i>You</i>		membersh	nip which would

List	three people, preferably past s	upervisors, who can tell us about	your qualifications. Do not inc	clude relatives.
	Name	Business Address	Telephone Number	Years Know
/ł	ny would you like to work for	BTES?		
٠.				
/ł	nat has been your most intere	esting work?		
/ł	nat has been your most intere	esting work?		
	·	-		
	·	esting work?		
	·	-		
	·	-		
	·		ement	
Vŀ	nat made it interesting?	Certification and Agre Please read carefully before signed in this application is true, completed in the true is the completed in this application is true, completed in the completed in the true is the completed in the completed	ement gning: ete and correct.	
Vŀ	nat made it interesting? I certify that the information prov	Certification and Agre	ement gning: ete and correct. on of information provided hereir	•
VI	I certify that the information prov I understand and agree that any n have supplied, will be justification termination.	Certification and Agre Please read carefully before signed in this application is true, complication or misrepresentation	ement gning: ete and correct. on of information provided herein bloyed, sufficient grounds for imm ersons to answer all questions as	nediate ked concerning
vh	I certify that the information prov I understand and agree that any n have supplied, will be justification termination. I authorize the past employers, so my ability, character, reputation, for giving this information. I understand I must pass a post-jo	Certification and Agree Please read carefully before signed ded in this application is true, compleaterial omission or misrepresentation for refusal of employment or, if emploods, all references and any other personal careful and the personal car	ete and correct. on of information provided herein ployed, sufficient grounds for immersons to answer all questions as ord and release them from liabilitincluding drug screening conduct	ked concerning by for damages
v ł	I certify that the information prov I understand and agree that any nation have supplied, will be justification termination. I authorize the past employers, so my ability, character, reputation, for giving this information. I understand I must pass a post-jo company physician prior to final and I understand that my application is	Certification and Agree Please read carefully before signed in this application is true, complinaterial omission or misrepresentation for refusal of employment or, if emploods, all references and any other percedit and previous employment recomb offer related physical examination in	gning: ete and correct. on of information provided herein ployed, sufficient grounds for immersons to answer all questions as ord and release them from liability including drug screening conductine, while employed, when requestions as contract. If I am employed, I will contract.	ked concerning by for damages ted by the ested.
	I certify that the information proves I understand and agree that any makes supplied, will be justification termination. I authorize the past employers, so my ability, character, reputation, for giving this information. I understand I must pass a post-jo company physician prior to final and understand that my application is orders, rules and regulations of Browness.	Certification and Agree Please read carefully before signed in this application is true, compleaterial omission or misrepresentation for refusal of employment or, if empleased and previous employment recomb offer related physical examination is complete to employment and anytimes not a contract and cannot create a cress and will live within the service are trk faithfully and diligently, be careful	gning: ete and correct. on of information provided herein ployed, sufficient grounds for immersons to answer all questions as ord and release them from liability including drug screening conductine, while employed, when reque contract. If I am employed, I will sea of BTES.	ked concerning by for damages ted by the ested.

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	
Social	Security Number			
Date o	f Birth			
Dute of	1 Dittil			
Male [☐ Female ☐			
Disable	ed Yes 🗆 No 🗆			
Racial	or Ethnic group (check 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.