



CAMPBELL COUNTY CHILDREN'S CENTER

203 Independence Lane
LaFollette, TN. 37766
423-562-4190
Fax 562-0751

PERSONAL HISTORY

Name:		Social Security: - -	
Address:			
City:	State:	Zip Code:	
Home Telephone#:		Work Telephone#:	
Position Desired:			
Full-time:	Part-time:	Temporary:	
What hours can you work?			
Are you legally eligible for employment in the United States?		Yes	No
When would you be available to begin work?			
Do you possess a Tennessee Chauffers License?		Yes	No
Drivers License#:	Exp. Date:	Class or Endorsement:	
Other special Trainings or skills(languages,machine operations,etc.):			
Have you ever been convicted of a violation of the law except a minor traffic violation?		Yes	No
If Yes, state date,court, and place where offense occurred. (a conviction will not necessarily disqualify you from employment.)			

EDUCATION HISTORY

High School Diploma or GED?	Yes	No
If yes, year received:	If no,, # of years completed:	
Name and address(City and State of last school attended): _____		

List Special Training (Business,Trade, Vocational, Armed Forces School, Etc.) Below:

Name and Location:	Dates Attended:		Major/Minor Field or program/study	Type of Degree Awarded
	From	To		

Membership in Professional or Civic Organizations:

(exclude those which may disclose your race, religion, national origin, age or disability)

EMPLOYMENT HISTORY

Company Name:		
Address:		
Telephone#:		
Job Title and brief Description of Job: _____		
Name of Supervisor:		
Employed (month/year)	From:	To:
Wages: Starting:		Last:
Reason for Leaving: _____		

Company Name:		
Address:		
Telephone#:		
Job Title and brief Description of Job: _____		
Name of Supervisor:		
Employed (month/year)	From:	To:
Wages: Starting:		Last:
Reason for Leaving: _____		

Company Name:		
Address:		
Telephone#:		
Job Title and brief Description of Job: _____		
Name of Supervisor:		
Employed (month/year)	From:	To:
Wages: Starting:		Last:
Reason for Leaving: _____		

We may contact the employers listed unless you indicate below:

Employer:
Reason: _____

Employer:
Reason: _____

REFERENCES

Name:	Relationship:
Address:	
Telephone #:	Number of years/months known:

Name:	Relationship:
Address:	
Telephone #:	Number of years/months known:

Name:	Relationship:
Address:	
Telephone #:	Number of years/months known:

I authorize the investigation by CCCC,of all statements and references given concerning me, work habits,and my character.

I fully understand that all positions are paid for through Federal, State and/or Local funding and in the event funding is terminated, my employment will also cease.

I understand my signature certifies that all statements made on this application are true, accurate and complete. That also any omission, falsification, and/or misrepresentation may result in my being disqualified or dismissed from eligibility of, or employment. Also my signature does not serve as an Employment Contract. I have the right to terminate my employment at any time and the CCCC retains that same right.

Applicant's Signature: _____ Date _____

The CCCC offers equal opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, nation origin, citizenship status, physical or mental disability, past or present or future services in the Uniformed Services of the US or any other legally protected status.

