

# East Tennessee Construction Services, Inc.

116 County Road 566 Englewood TN 37329 PO Box 488 Athens TN 37371-0488

Fax: (423) 887-5410

### PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

## APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5

Phone: (423) 887-5399

Name						DATE	
Present address	·						_
Number Street City State Zip  How long Social Security No  Telephone _()  If under 18, please list age Position applied for (1) Mon Fri and salary desired (2) Mon Fri (Be specific)	Last	Fire	st	Middle		Maiden	
How long Social Security No							
Telephone _()	Number	Street	City S	tate	Zip		
If under 18, please list age	ong			Social Secu	rity No		
Day/hours available to work Position applied for (1)	hone _()						
Position applied for (1) No Pref Thur and salary desired (2) Mon Fri Sat Sat Wed Sun   How many hours can you work weekly? Can you work nights?   Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL OR PART-TIME  When available for work?   TYPE OF SCHOOL  NAME OF SCHOOL  LOCATION  NUMBER OF YEARS  MAJOR & I  COmplete mailing  address)  High School	er 18, please list age						
and salary desired (2) Mon Fri Sat	1:1 f (1)						
Tue Sat Wed Sat How many hours can you work weekly? Can you work nights?  Employment desired    FULL-TIME ONLY    PART-TIME ONLY    FULL OR PART-TIME  When available for work?  TYPE OF SCHOOL	on appued for (1) dary desired (2)						
Wed Sun  How many hours can you work weekly? Can you work nights?  Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL OR PART-TIME  When available for work?  TYPE OF SCHOOL  NAME OF SCHOOL  LOCATION  NUMBER OF YEARS  COMPLETED  MAJOR & I COMPLETED  Address)  High School		<del></del>				Sat	
Employment desired	, ,			Wed		Sun	
When available for work?  TYPE OF SCHOOL NAME OF SCHOOL LOCATION (Complete mailing address)  High School	many hours can you work we	ekly?	_	Can you wo	ork nights?		
When available for work?  TYPE OF SCHOOL NAME OF SCHOOL LOCATION (Complete mailing address)  High School	ovment desired	TIME ONLY	□ PART-TI	ME ONLY	□F	ULL OR PART-T	IME
TYPE OF SCHOOL NAME OF SCHOOL LOCATION NUMBER OF YEARS COMPLETED address)  High School							
(Complete mailing address)  High School	available for work?						
(Complete mailing address)  High School					ı		
	PE OF SCHOOL NAM	E OF SCHOOL	(Complete	mailing			MAJOR & DEGRI
College	School			•			
	ge						
Bus. or Trade School	or Trade School						
Professional School	ssional School						
HAVE YOU EVER BEEN CONVICTED OF A CRIME ☐ No ☐ Yes							
If yes, explain number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/wer committed, sentence(s), imposed, and type(s) of rehabilitation.	1 . 1	(-)t	anaa(a) laadina	to convictio	( ) 1		

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	_
DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ Yes	□ No
What is your means of transportation to work?	
Driver's License  Number: State of Issue	☐ Operator ☐ Commercial (CDL) ☐ Chauffeur
Have you had any accidents during the past three (3) years? Have you had any moving violations during the past three years? _	How many? How many?
Is there any existing physical disability that would prevent you from $\square$ Yes $\square$ No	n performing fully the duties of the job for which you are applying?
Please list two (2) professional references:	
Name	Name
Position	Position
Company	Company
Address	Address
Telephone _( )	Telephone _( )
An application form sometimes makes it difficult for an individual below to summarize any additional information necessary to descriare applying.	be your full qualifications for the specific position for which you

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		MILITARY		
HAVE YOU EVER BEEN IN	ΓHE ARMED FORCES?	□ Yes □ N	Ю	
ARE YOU NOW A MEMBER	OF THE NATIONAL GUAR	RD? □ Yes	□ No	
Specialty	Date Entered	d	Discharge Date	
	Please list your work experience f you were self employed, give			
Name of Employer Address		Name of last Supervisor	Employment Dates	Pay or Salary
City, State, Zip Code Phone number		Your last job title	From To	Start Final
Reason for leaving (be specific)	1	J		
List the job you held, duties per	formed, skills used or learned	, advancements or pro	notions while you worked a	at this company
List the Job you held, duties per	formed, skills used or learned	, advancements or pro	notions while you worked a	nt this company
Name of Employer	formed, skills used or learned	, advancements or prof Name of last Supervisor	Employment Dates	Pay or Salary
Name of Employer Address City, State, Zip Code	formed, skills used or learned	Name of last	Employment Dates From	Pay or Salary Start
Name of Employer Address	formed, skills used or learned	Name of last Supervisor	Employment Dates	Pay or Salary
Name of Employer Address City, State, Zip Code		Name of last	Employment Dates From	Pay or Salary Start

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EXCEPT SIGNATURE			
Work Please list your work experie Experience If you were self employed, gi	nce for the past five (5) y	ears beginning with your m ditional sheets if necessary?	nost recent job held.
Name of Employer Address	Name of last Supervisor	Employment Dates	Pay or Salary
City, State, Zip Code Phone number		From To	Start Final
Reason for leaving (be specific)	Your last job title		
Name of Employer Address	Name of last Supervisor	Employment Dates	Pay or Salary
City, State, Zip Code		From	Start
Phone number	Variable title	То	Final
Reason for leaving (be specific)	Your last job title		
List the job you held, duties performed, skills used or learned	ed, advancements or pron	notions while you worked a	t this company
May we contact your present employer? ☐ Yes	□ No		

Did you complete this application yourself?  $\square$  Yes  $\square$  No

If not, who did? \_\_\_\_\_

#### PLEASE READ CAREFULLY

#### APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **EAST TENNESSEE CONSTRUCTION SERVICES, INC.** (hereinafter called the "Company"), I agree that

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **ETCSI**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and **ETCSI** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in the application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alchol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit record, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business