For Employee Reassignment Only

Fax # 615-532-0728

Return completed application to:

Department of Human Resources
Applicant Services Division
505 Deaderick Street
2nd Floor, James K. Polk Building
Nashville, Tennessee 37243-0635

USE BLACK INK ONLY TO COMPLETE THIS APPLICATION FORM. DO NOT WRITE IN SHADED AREAS. COMPLETE ALL REQUIRED FIELDS OR YOUR APPLICATION WILL BE RETURNED TO YOU.

Please record your Social Security Number below.

DOHR OFFICE USE ONLY

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW. PRINT CAREFULLY TO INSURE THAT YOUR INFORMATION IS ACCURATELY RECORDED INTO YOUR APPLICANT RECORD.

LAST NAME

FIRST NAME **MI**

MAILING ADDRESS

CITY **STATE** **ZIP CODE**

AREA CODE **HOME TELEPHONE** **AREA CODE** **BUSINESS TELEPHONE**

Have you ever been convicted, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)?
(A felony is defined as an offense punishable by imprisonment for a term of one year or greater.)

Required answer must be recorded here → **YES** **NO**

If yes, give details on a separate sheet of paper for each felony offense. Include (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You must disclose any felony conviction involving a sentence or suspended sentence. You may omit: (1) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court; (2) any conviction which has been expunged under federal or state law. A conviction will not necessarily disqualify you from the job for which you are applying. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness.

COUNTY PREFERENCES: Record the two-digit code(s) for each county in which you are willing to work (See Information and Instructions Side B for list of county codes). You may list up to five counties or indicate "99" for statewide. At least one county must be listed.

County Preferences ➡

LEGAL RESIDENT COUNTY: In the box below, you must record your legal resident county. Non-state residents must indicate "00" as their legal resident county.

Legal Resident County ➡ (must be recorded

Please note: Your legal county is the county in which you reside and to which you definitely intend to return even though you may be temporarily absent. **Your application cannot be processed without this information**.

--PLEASE READ--

The State of Tennessee Employment Application Form is used by the State to establish an applicant's qualifications and employment preferences. This application does not constitute a contract between the State and an applicant.

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The State of Tennessee is committed to the principles of equal opportunity, equal access, and affirmative action. The State of Tennessee does not discriminate against applicants or employees on the basis of race, color, religion, creed, age (over 40), national origin, sex, pregnancy, disability, veteran's status or any other classification protected by federal or state law.

PR-0444 (Rev. 03/09)

Social Security Number | **Last Name** | **First Name**

EDUCATIONAL BACKGROUND

You should provide all information requested in this section. You may omit the Educational Background section only if you have filed a full and complete application since March, 1999, and your education information has not changed since that time. This applies to all applicants **including current State Employees**.

PLEASE NOTE: You should complete "LICENSES" and "REFERENCES" with each new application you submit. Signature is required with each application.

Primary/Secondary Education - Please indicate the highest level of primary or secondary education completed.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ certif. of completion ☐ GED certif. ☐ high school diploma

_____ date completed

Postsecondary Education - Please list schools attended after high school. This includes any **colleges, universities, or vocational schools** attended. When indicating hours completed, you must convert semester hours to quarter hours. Just multiply semester hours by 1.5 to convert to quarter hours. Indicate clock hours for vocational school training.

Name and city/state location of school	Dates attended FROM MO/YR	Dates attended TO MO/YR	Total # of quarter or clock hours completed	Did you Graduate? YES	Did you Graduate? NO	Type of degree or certificate and date (MO/YR) received	Major field of study or area of concentration

To ensure that you receive the maximum score possible in an evaluation of your training and experience, it is strongly recommended that you submit a copy of your college transcript with your application. Regardless of whether or not you are submitting a transcript, please indicate the number of quarter hours received in the subjects listed below. A transcript of all course work may be required at the time of employment. For education received from a non-United States college or university, please attach a copy of credential evaluation from an accredited United States school or other acceptable evaluation service.

(To convert semester hours to quarter hours, multiply by 1.5.)

☐ Accounting	☐ Political Science	☐ Environmental Engineering	☐ Psychology	☐ Agribusiness	☐ Human Anatomy	☐ Mental Health
☐ Chemistry	☐ Computer Science	☐ Drafting	☐ Sociology	☐ Agriculture	☐ Human Nutrition	☐ Non State CEU* credit
☐ Biology	☐ Mathematics	☐ Education	☐ Environmental Health/Physics	☐ Archaeology	☐ Industrial Arts	☐ Nursing
☐ Microbiology	☐ Statistics	☐ Special Education	☐ Geology	☐ Child/Family Studies	☐ Law/Legal Assistance	☐ Recreation/ Rec. Therapy
☐ Business/ Economics	☐ Civil Engineering	☐ Counseling	☐ Library Science	☐ Criminal Justice	☐ Marketing	☐ Rehabilitation Studies

* CEU credits earned by State employees through state sponsored training will be automatically recorded in their applicant records. To obtain credit for non-state sponsored CEUs or vocational technical school training, an official transcript must be attached.

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 LICENSE ISSUE DATE	CURRENT LICENSE EXPIRATION DATE	STATE OR AGENCY ISSUING LICENSE

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

NAME	STREET ADDRESS	CITY - STATE	TELEPHONE

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 examinations. 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, or organization **(including law enforcement agencies)** to provide all information that may be sought in connection with this application.

SIGNATURE OF APPLICANT _____ **DATE** _____

*****Signature is required. Unsigned applications will be returned to the applicant*****

EXPERIENCE BACKGROUND

*****Important - Please Read*****

Instructions: You should provide your **complete work history** in the experience background section on the following pages **unless you have submitted a full and complete application since March, 1999**. This applies to **all applicants, including current State employees**. In providing your complete work history information, you may use copies of pages from previous applications to construct one complete and up-to-date application. **If you have submitted a full application since March, 1999,** you may omit your prior work experience, **except for** the experience you have gained since the time of your last application. Even if you have continued in the same job, that job should be listed in job block A to show that you've continued working in the same position.

To complete your work history, use the job blocks provided below and on the following pages, beginning with your present or most recent job in job block A. 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, along with all other requested information for each job. **Incomplete information may lower your application rating.** If you moved to a different position within the same organization and your major duties changed, you must list each position as a separate job. For military experience, it is important that you include the dates and pay grade for each position held. Unpaid, volunteer or part-time work experience may also be included with your work experience history. **You may submit an employment resume to supplement your application; however, you must describe your major job responsibilities in the format below to ensure accurate scoring of your application.**

*****If you have not reviewed the information above, please do so now to be sure you complete this section correctly.*****

JOB A

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM ☐☐ ☐☐ **TO** ☐☐ ☐☐ **REASON FOR LEAVING :** _____
MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ **STARTING ANNUAL SALARY :** _____ **LAST ANNUAL SALARY : $** _____

EMPLOYER NAME : _____ **TYPE OF BUSINESS :** _____ **TELEPHONE:** _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ **NAME OF YOUR IMMEDIATE SUPERVISOR :** _____

	Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.
% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB B

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM ☐☐ ☐☐ **TO** ☐☐ ☐☐ **REASON FOR LEAVING :** _____
MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ **STARTING ANNUAL SALARY :** _____ **LAST ANNUAL SALARY : $** _____

EMPLOYER NAME : _____ **TYPE OF BUSINESS :** _____ **TELEPHONE:** _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ **NAME OF YOUR IMMEDIATE SUPERVISOR :** _____

	Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.
% TIME	DUTIES/RESPONSIBILITIES
100 %	

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.

JOB C

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM ☐☐ ☐☐ TO ☐☐ ☐☐ REASON FOR LEAVING : _____
MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $_____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

	Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.
% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB D

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM ☐☐ ☐☐ TO ☐☐ ☐☐ REASON FOR LEAVING : _____
MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $_____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

	Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.
% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB E

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM ☐☐ ☐☐ TO ☐☐ ☐☐ REASON FOR LEAVING : _____
MO. YR. MO. YR.

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $_____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

	Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.
% TIME	DUTIES/RESPONSIBILITIES
100 %	

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.

JOB F

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM ___ ___ MO. YR. TO ___ ___ MO. YR.

REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

	Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.
% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB G

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM ___ ___ MO. YR. TO ___ ___ MO. YR.

REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

	Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.
% TIME	DUTIES/RESPONSIBILITIES
100 %	

JOB H

TITLE OR RANK OF POSITION : _____

EMPLOYED FROM ___ ___ MO. YR. TO ___ ___ MO. YR.

REASON FOR LEAVING : _____

AVERAGE # OF HRS. WORKED PER WEEK: _____ STARTING ANNUAL SALARY : _____ LAST ANNUAL SALARY : $ _____

EMPLOYER NAME : _____ TYPE OF BUSINESS : _____ TELEPHONE: _____

EMPLOYER ADDRESS : _____
STREET CITY STATE ZIP CODE

AVERAGE # OF EMPLOYEES YOU SUPERVISED : _____ NAME OF YOUR IMMEDIATE SUPERVISOR : _____

	Describe your major duties /responsibilities and show approximate percent of time spent on each. Do not exceed a total of 100%.
% TIME	DUTIES/RESPONSIBILITIES
100 %	

USING THE FORMAT ABOVE, ATTACH ADDITIONAL SHEETS IF NECESSARY TO COMPLETE YOUR EMPLOYMENT HISTORY.