TENNESSEE SUPREME COURT Judiciary

An Equal Opportunity Employer

Application for Employment

The Judiciary is committed to the principles of equal opportunity, equal access, and affirmative action. Discrimination on the basis of age, race, sex, color, religion, national origin, disability, or any other non-merit factor is prohibited.

To receive proper consideration, ALL questions must be answered. Unsigned applications will be returned to the applicant. ALL applications must be saved in Adobe PDF format and submitted by e-mail to: <u>human.resources@tncourts.gov</u>.

Please Type or Print clearly						
Position Requested	ENNES	Telephone		Do	ate	
Last Name	First Name	(A)	Mid	dle Name	ŝ	
Current Address Number Street Cit			State	Zip	o Code	
 When can you begin work? What are your salary requirements? Are you over the age of 18? Yes No Do you have a legal right to work and remain in th Have you been dismissed or forced to resign from 	ne United States?	Yes No Yes No				
If yes, please describe in full:	***					
High school name and address	Course of study	Date degree completed	Highest grad 9 GED	le comple 10	eted 11	12
College name and address; Highest degree obtained	Course of study	Date degree completed	Numbe 1	r of years 2	complete 3	ed 4
Diploma or degree received:						
Other College/School Name and address	Course of study	Date degree completed	Numbe	r of years 2	complete 3	ed 4
Diploma or degree received:						
Other College/School Name and address	Course of study	Date degree completed	Numbe 1	r of years 2	complete 3	ed 4
Diploma or degree received:						

EMPLOYMENT HISTORY

Give names and addresses of previous employers (including civil service). List in order with current or last employer first. If you are now working, give name and address of present employer and state such reason or desire to quit. Also give reason for any lapse of time between periods of employment.

Current Employer	Describe your duties:
Employed: From MoYrto MonYr	
Title of position	·
Title of position	
Reason for Leaving	
Address of employer	
Number of employees you supervised	
Name and title of your immediate supervisor	
The second second	
Previous Employer Employed: From MoYrto Mon Yr	Describe your duties:
Employed: From MoYrto MonYr	
Title of position	
Title of position Starting SalaryLast Salary	
Reason for Leaving	
Address of employer	n 1 1 1
Number of employees you supervised	
Name and title of your immediate supervisor	
Previous Employer	Describe your duties:
Employed: From MoYrto MonYr	
Title of position Starting Salary Last Salary	
Starting SalaryLast Salary	
Reason for Leaving	Call .
Address of employer	
Number of employees you supervised	
Name and title of your immediate supervisor	
Previous Employer	Describe your duties:
Employed: From MoYrto MonYr	
Title of position Starting Salary Last Salary	
Starting SalaryLast Salary	
Reason for Leaving Address of employer	
Number of employees you supervised	
Name and title of your immediate supervisor	

Please read carefully and sign below

I understand and voluntarily agree to the following:

- 1. The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions or false statements on this application shall be considered sufficient cause for refusal of employment, or if employed, termination of employment.
- 2. I am a citizen or have a legal right to work and remain in the United States. I will provide identification when required.
- 3. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
- 4. Nothing in this document should be construed as contractual in nature.

Applicant Signature:

Date Signed:

As an equal opportunity employer, the Administrative Office of the Courts is required by federal law to compile data on the Judiciary's employee population. Completion of this form is voluntary, and the information provided will assist us in an effort to provide the most accurate data by checking below the one race/ethnic category with which you most closely identify.

The information you provide will be used solely for reporting and statistical analysis purposes. Although we would greatly appreciate your voluntary cooperation, refusal to complete this form will not subject any applicant to adverse treatment.

_____ Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_ White (not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East (not of Hispanic origin).

Black or African – American (not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

____ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) A person having origins in any of the peoples of Hawai'I, Guam, Samoa or other Pacific Islands.

____ Asian (not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent; including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

____ Two or More Races (not Hispanic or Latino) All persons who identify with more than one of the above six races.

Name:_____

THIS FORM WILL NOT BECOME A PART OF YOUR PERSONNEL FILE