

IN THE _____ COURT FOR _____ COUNTY

PETITION FOR CERTIFICATE OF EMPLOYABILITY
TENNESSEE CODE ANNOTATED SECTION 40-29-107

Name: _____ Alias(es): _____

Address: _____
(Street) (City) (State) (County) (ZIP)

Date of Birth: _____ Phone Number: _____

Length of Residence in Tennessee: _____ Years _____ Months

Social Security Number(s) (including for alias(es)): _____

Criminal History (Include each offense that is a disqualification from employment or licensing in an occupation or profession, including the years of each conviction or plea of guilty):

<u>Offense</u>	<u>Date of Conviction</u>	<u>Court/County of Conviction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History (Specify the name of each employer, position held, and dates of employment):

Verifiable References and Endorsements: _____

Person(s) Who Support Reentry Plan (List One or More Immediate Family Members or Other Persons with Whom You Have a Close Relationship): _____

Summary of the Reason(s) a Certificate of Employability Should Be Granted: _____

Print Name **Signature** **Date**

Certificate Of Service:
I hereby certify that an exact copy of the above Petition was mailed, postage pre-paid, or was personally delivered, to _____.
Date: _____
Clerk