

PACESETTERS, INCORPORATED

APPLICATION FOR EMPLOYMENT

(Please Print Legibly)

Email application to: recruiter@pacesetterstn.com

Fax: Attention: Recruiter @ 931-537-9916

Mission Statement: To empower and support people with disabilities and their families to lead enriched and fulfilled lives.

Application Date: _____ Position Desired: _____

[] Full-Time [] Part-Time County: ___Macon ___Overton ___Putnam ___Warren ___White
(City Area) (Lafayette) (Livingston) (Cookeville) (McMinnville) (Sparta)

Referred to Pacesetters by _____ How did you hear about us? _____

What made you choose Pacesetters for employment opportunities? _____

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Last Name First Name Middle Name Home Phone ()
Cell Phone ()

Street Address Work Phone ()
Email:

City State Zip Code Social Security Number

Are you legally eligible for employment in the United States? When will you be available to begin work?

In order to permit a check of your work and educational records, should we be made aware of any name changes or assumed name(s) that you previously used (including maiden name) within the last 7 years? [] Yes, [] No.

If YES list name(s) and specific dates:

Name Specific Years Used (From XXXX to XXXX)

Name Specific Years Used (From XXXX to XXXX)

Some positions will require that you work a flexible schedule with mandatory overtime as needed.
Will you work overtime if asked? [] Yes [] No Are there any hours, shifts or days you will not work? [] Yes [] No
If YES, please explain: _____

Do you have transportation to work? [] Yes, [] No Do you have a valid TN Driver's License? [] Yes [] No

DL Number: _____ Expiration Date: _____ State: _____ License Type (Class): _____

Do you have any friends or relatives who work for Pacesetters? [] Yes, [] No. If YES, please list:
Name(s): _____ Relationship(s): _____

Have you ever before been employed with Pacesetters? [] Yes, Dates _____ [] No

Have you previously applied with Pacesetters? [] Yes, Dates _____ [] No

Name(s) at the time previously employed/applied: _____

Have you had work experience in the field of disabilities? [] Yes, Where? _____ [] No

IN CASE OF AN EMERGENCY, WHO SHOULD WE NOTIFY?

Name: _____ Telephone: () _____ Relationship: _____

Street Address: _____ City/State/Zip: _____

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School	Name of School, City and State	Course of Study	Years Completed	Did you Graduate?	Diploma or Degree
High School					
College					
Vocational School					

PROFESSIONAL CERTIFICATION / REGISTRATION / LICENSURE

Please describe any specialized training, apprenticeship, certifications, registrations, or licensures you may have: Attach a copy.

PERSONAL REFERENCES (Must list 3 Non-Relatives with 1 having known you for at least 5 years)

Name: _____ Occupation: _____ Relationship: _____

Yrs. Known: _____ Day Phone: () _____ Night Phone: () _____

Name: _____ Occupation: _____ Relationship: _____

Yrs. Known: _____ Day Phone: () _____ Night Phone: () _____

Name: _____ Occupation: _____ Relationship: _____

Yrs. Known: _____ Day Phone: () _____ Night Phone: () _____

The Section BELOW for Pacesetters Use Only

- 1. _____
- 2. _____
- 3. _____

EMPLOYMENT

A CONTINUOUS ACCOUNT OF EMPLOYMENT FOR PAST 5 YEARS is REQUIRED STARTING WITH CURRENT OR LAST EMPLOYER. ALL GAPS IN EMPLOYMENT MUST BE EXPLAINED.

Please give an accurate or complete full-time and part-time employment record. **Start with most recent employer. We must have a continuous account of employment for past 5 years.**

May we contact you at your place of employment? [] Yes [] No

May we contact your current employer? [] Yes [] No

Previous Employer(s)? [] Yes [] No

If NO, please list any exceptions and/or reasons for not contacting current or previous employers:

Company Name	Telephone ()
Address (street, city, state)	Employed – (Give month and year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

This Section for Pacesetters Use Only

Date: _____ Person Contacted/Title: _____

Is individual eligible for re-employment? [] Yes [] No If no, why? _____

