

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) (McMinville) (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
			Entered at Interview
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: Entered at Interview 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					

