



APPLICATION FOR EMPLOYMENT

Title for which you are applying:

Tourism Coordinator

Job Title

Elizabethhton Carter County Chamber of Commerce
PO Box 190
Elizabethhton, Tennessee 37644
500 Veterans Memorial PKWY HWY 19E
Telephone: (423) 547-3850

PLEASE READ THIS BEFORE FILLING OUT THE APPLICATION FORM

A new application must be submitted for each position for which you are applying. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. The completed application may be submitted to the Director at the above address or email to director@elizabethtonchamber.com .

This application form is an important part of the employment process. Candidates for any position may be eliminated based on an evaluation of the application. Please type or complete in ink as neatly and clearly as possible. Answer all questions to the best of your knowledge. You may provide as much detail as you wish by adding extra sheets of information or a resume. False, incomplete or inaccurate information is cause for disqualification or discharge.

Thank you for your interest.

If you need assistance completing this application, contact 423-547-3850.

PERSONAL INFORMATION

Date Available _____

Name: _____
Last _____ First _____ M.I. _____

Present Mailing Address: _____
Number and Street _____ City _____ State _____ Zip Code _____

Street Address, if different from above: _____

Telephone Number: (circle one) Home or cell: _____ Business/Message: _____

May we communicate with you via e-mail? Yes No

If yes, print e-mail address: _____

Do you have a valid Drivers License? Yes No

Additional information will be required prior to employment.

GENERAL INFORMATION

Can you work legally in the United States?

Yes No

If hired, documentation showing eligibility for employment in the United States and identity will be required.

May we contact your present employer?

Yes No

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate	List Diploma or Degree
High			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3		
			<input type="checkbox"/> 4		
College			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3		
			<input type="checkbox"/> 4		
College			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3		
			<input type="checkbox"/> 4		
Other Specify			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3		
			<input type="checkbox"/> 4		

Have you been convicted of a felony? Yes No

Yes No

If yes, explain: _____

EMPLOYMENT EXPERIENCE

List below all present and past employment beginning with your most recent. If you held more than one position with the same employer, please list each position separately.

1	Employer	From Month/Year	To Month/Year	Work Performed
	Street Address			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
	Phone Number of Employer			
	Job Title			
	Supervisor			
	Reason for Leaving			

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Employer	From Month/Year	To Month/Year	Work Performed
Street Address			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
City State			
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

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Employer	From Month/Year	To Month/Year	Work Performed
Street Address			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
City State			
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

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Employer	From Month/Year	To Month/Year	Work Performed
Street Address			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
City State			
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

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Employer	From Month/Year	To Month/Year	Work Performed
Street Address			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
City State			
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

Other Licenses or Certifications (if required for the job):

Profession Trade: _____

Level: _____

Expiration Date: _____

Issued By: _____

Summarize any special skills or qualifications. Include knowledge, skills and abilities not shown elsewhere in this application.

Be specific. _____

EMERGENCY CONTACT:

Name

Address

Phone

AGREEMENT AND CONSENT

- 1. I certify that these answers are true and correct to the best of my knowledge.**
- 2. I UNDERSTAND THIS APPLICATION IS SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN.** I understand that misrepresentations or omissions of fact in this application will be sufficient cause for disqualification or dismissal from employment with Carter County Tomorrow if I have been employed. I agree that Carter County Tomorrow will not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to false statements and answers in this application. I understand and agree that this application is an initial application. I understand that additional information may be required of me. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.
- 3. I hereby acknowledge that I have read and agree to the above statements.**

Your Name. Filling in this field constitutes an electronic signature.	Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status.

We are an Equal Opportunity Employer, M/F.