

Osborne's

We participate in the TN Drug Free Program. All new hires are tested.

Application for Position EEOC & FCCC Approved Form

Date _____

Position Applied For		Permanent () Part Time () Temporary () Seasonal ()		Date Available			
Personal Information							
Mr. () Mrs. () Miss ()		Last Name			First Name		Social Security Number
Present Permanent Address		City	County		State	Zip Code	
Home Phone Number		Date of Birth					
Any Physical Limitations? Yes () No ()		If so, please explain					
Active Duty in U.S. Armed Forces? Yes () No ()		Dates of Duty			Branch		
Educational Information							
Circle Highest Grade Completed	Grade School 1 2 3 4 5 6 7 8		High School 9 10 11 12		College 13 14 15 16	Post Graduate BS/BA MA PhD	
Name and Address of last High School			Date of Graduation		Have You Passed a GED Test? Yes () No ()		
Type of School	Name and Address of School		From	To	No. Credits	Degree	Major
College/ University							
College/ University							
Graduate							
Technical							
Technical							
Military							

List any correspondence courses, special courses, seminars, workshops, training session, etc., that might relate to this position.

Also list any licenses or certificates relating to the position.

Employment History (Begin with most recent)

Employer's Name		Mailing Address		Zip Code	Phone Number
Position Held		Duties Performed		Immediate Supervisor	
Employment Dates	Last Salary	Full Time () Part Time ()	Reason For Leaving		

Employer's Name		Mailing Address		Zip Code	Phone Number
Position Held		Duties Performed		Immediate Supervisor	
Employment Dates	Last Salary	Full Time () Part Time ()	Reason For Leaving		

Employer's Name		Mailing Address		Zip Code	Phone Number
Position Held		Duties Performed		Immediate Supervisor	
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Employer's Name		Mailing Address		Zip Code	Phone Number
Position Held		Duties Performed		Immediate Supervisor	
Employment Dates	Last Salary	Full Time () Part Time ()	Reason For Leaving		

May we contact your present employer? Yes () No ()	If NO, please explain
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Clerical Applicants Only	
Typing Speed (in words per minute)	Shorthand/Speedwriting (in words per minute)

Person to contact in case of emergency			
Name	Address	Phone Number	Relationship

Please Read Carefully

I hereby certify that the statements set forth by me in this employment application are true and complete to the best of my knowledge. I understand that if employed, any falsified statements on this application may be considered sufficient cause for discharge. You are authorized to make any investigation of my personal history through any investigative procedures of your choice and I agree to take a polygraph examination at the Company's expense.

I also understand that if employed, I will serve a ninety (90) day probationary period. During this time, my employment may be terminated without reason. When employed, I understand that, as a condition of continued employment, I may be required to take periodic polygraph examinations as a part of the Company's Loss Prevention Program.

Signature of Applicant _____