

EMPLOYMENT APPLICATION

Candidate will receive consideration without discrimination because of race, religion, color, sex, age, national origin, disability, citizenship status, or any other protected category.

YOU MUST COMPLETE THE ENTIRE APPLICATION TO BE CONSIDERED FOR EMPLOYMENT

P E R S O N A L	Last Name		First Name		Middle	Date	
	Street Address					Contact Information (Phone)	
	City		State		Zip Code	Contact Information (Email)	
	Previous Address						
	Have you ever applied at a Clayton company?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Month/Year	Social Security Number
	Have you ever worked for a Clayton company?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Position applying for:					Pay Expected	
	<input type="checkbox"/> Clerical/Admin.			<input type="checkbox"/> Account Rep		<input type="checkbox"/> Management	
	Are you legally eligible for employment in the United States? (All applicants will be required to furnish proof of identity and legal work authorization within three (3) days of hire.)				When will you be able to begin work?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you available for full-time work?				Have you ever been convicted, plead guilty, or no contest to any crime, other than a traffic offense?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, what hours can you work?							
Name of person and relationship to be notified in case of emergency or accident?			Phone # (with area code):		Address:		

List below all present and past employment, beginning with your most recent.

W O R K H I S T O R Y	1. Name of Employer		Address		Phone Number		
	Immediate Supervisor (name & position)			Date Hired		Starting Rate	
	Present or final position			Date Left		Final Rate	
	Job Duties						
	Reason for leaving:		Explain reason for leaving:				
	<input type="checkbox"/> Involuntarily <input type="checkbox"/> Voluntarily						
	2. Name of Employer		Address		Phone Number		
	Immediate Supervisor (name & position)			Date Hired		Starting Rate	
	Present or final position			Date Left		Final Rate	
	Job Duties						
	Reason for leaving:		Explain reason for leaving:				
	<input type="checkbox"/> Involuntarily <input type="checkbox"/> Voluntarily						
	3. Name of Employer		Address		Phone Number		
	Immediate Supervisor (name & position)			Date Hired		Starting Rate	
	Present or final position			Date Left		Final Rate	
	Job Duties						
	Reason for leaving:		Explain reason for leaving:				
	<input type="checkbox"/> Involuntarily <input type="checkbox"/> Voluntarily						
	4. Name of Employer		Address		Phone Number		
	Immediate Supervisor (name & position)			Date Hired		Starting Rate	
Present or final position			Date Left		Final Rate		
Job Duties							
Reason for leaving:		Explain reason for leaving:					
<input type="checkbox"/> Involuntarily <input type="checkbox"/> Voluntarily							

May we contact the Employers listed? Yes / No If No, indicate by # the one(s) you don't want contacted _____.

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Type of School	Name and Address of School	Major Course	Circle Last Year Completed	Graduate (circle one)	Degree
Elementary School			5 6 7 8	Yes No	
High School			1 2 3 4	Yes No	
Vocational or Business School			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Graduate School			1 2 3 4	Yes No	
Other (Specify)			1 2 3 4	Yes No	
Specify Professional Designations, Licenses, or Registrations held:					
Issued in what State:			Expiration Date:		
Check and list all office machines you can operate:					
<input type="checkbox"/> Personal Computer _____ WPM		<input type="checkbox"/> Switchboard		<input type="checkbox"/> Calculator	
<input type="checkbox"/> Fax Machine		<input type="checkbox"/> Transcription		<input type="checkbox"/> Copier	
<input type="checkbox"/> Computer Terminal/Data Entry		<input type="checkbox"/> 10-Key Adding Machine		<input type="checkbox"/> Other _____	
Other skills which would be of assistance in determining qualifications for employment:					
Data Processing or Accounting Positions – Please indicate specialty:					

Employment and Application Policy

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- ◆ This company is a smoke-free workplace in compliance with the Non-Smoker Protection Act, Tennessee Code Annotated §§ 39-17-1801 - 1810. In accordance with that law and company policy, smoking is prohibited in enclosed areas of company property.
- ◆ **Waiver of Jury Trial and Class Actions.** I understand and agree that by signing and submitting this employment application for consideration, I am waiving my right to have a jury trial to resolve any lawsuit I may ever bring against the Company. Any lawsuit that I may bring against the Company will be tried to a judge without a jury. I also understand and agree that I am waiving my right to participate as a member in a class-action lawsuit or proceeding and/or act as a representative of a class of similarly situated individuals in any lawsuit or proceeding against the Company.

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I certify that all information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that misrepresentation, or omissions of facts called for, are cause for refusal to hire or for dismissal at any time without any previous notice. I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, previous employers, references, and others (except as specified on the front of this application), and hereby release the Company and it's subsidiaries and affiliates and those it/they contact from any liability as a result of such contact.

I further understand that **this application will remain active for a period of one hundred and twenty (120) days.** After that time, if I desire further consideration, I will resubmit my application.

Hiring is conditional upon employee submitting proof of identification and work eligibility in accordance with the Immigration Reform and Control Act.

Applicant's Signature

Date