



CHATTANOOGA
BROWNFIELDS
 J O B T R A I N I N G

Training Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State Zip	Phone	
Mailing Address		Apartment/Unit #	
City	State Zip	Phone	
Cell Phone	E-mail Address		
Social Security No.			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid Tennessee driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, license #
Have you ever been arrested?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EMERGENCY CONTACT (Please list a permanent contact who will always know where you can be reached)

Contact	Relationship		
Address	City/ State/ Zip	Phone	

EDUCATION

GED	Year		
High School	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Highest Grade Achieved
College	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Highest Year Achieved

REFERENCES

Please list two professional references:

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT STATUS

Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently under employed (less than 20 hrs/week)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MEDICAL HISTORY

Do you have any medical problems or conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain below
Are you able to work in a small confined space?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to work outside in all kinds of weather?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to carry/ lift 25 pounds of gear or equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance in the Brownfields Job Training Program, I understand that any false or misleading information in my application or interview may result in my release.

Signature	Date
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Due by: 4:00 p.m., November 30, 2009 to Tennessee Career Center, Eastgate Town Center, 5600 Brainerd Road, Suite A-5, Chattanooga, TN 37411, 423-894-5354

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