

MacAuthority Application for Employment

- Nashville Full-time
- Cool Springs Part-time
- Louisville Co-op
- Chattanooga Internship
- Seasonal

General Information

Name (last, first)		Social Security Number	
Address	Street	Apt.	Tel.
	City	State	Postal Code
E-mail			
Permanent Address (if different from above)	Street	Apt.	Tel.
	City	State	Postal Code
E-mail			
Are you legally eligible to accept employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Referred by (if applicable)	
When are you available to start work?		Position Sought	

Education

School attended. Begin with most recent.	Discipline or Program (Major)	Degree/Diploma/Certificate	Date obtained or expected

Describe your relevant courses, training, project work, theses, publications, and presentations. Include awards and scholarships, describe your extracurricular activities including class or campus offices held, volunteer experience, memberships in clubs or organizations, leadership roles, sports activities, hobbies, etc. That you feel make you an outstanding candidate for this position. (You are not required to mention the names of organizations that indicate race, ancestry, place of origin, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, political beliefs or disabilities).

Work Experience

Describe most recent work experience (paid and unpaid) starting with your latest.

Position City Duties:	Name of Organization Province/State Dates	<input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
Position City Duties:	Name of Organization Province/State Dates	<input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
Position City Duties:	Name of Organization Province/State Dates	<input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)

Summary

I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of employment.

May we contact your previous employers? Yes No

Date

_____ Signature