

Work Study Application

| Position Applying For: | | | | |
|-----------------------------|-------------------------|------------|-------------|--|
| Personal Information: | | | | |
| First Name: | Middle Name: | Last Name: | | |
| Address: | | | | |
| City | State | Zip Code | | |
| Primary Contact Number: _ | | | | |
| Alternate Contact Number: | | | | |
| Email Address: | | | | |
| Student Number: S | | - | | |
| Are you legally eligible to | work in the U.S? Yes No | | | |
| Highest Education Leve | el Completed: | | | |
| TCAT Knoxville Educat | ion: | | | |
| Training Program you are | e in now: | | | |

Employment Experience:

| Employer Name: | |
|-----------------------------------|--------------|
| | |
| Employer Address. | |
| Job Title: | |
| Start Date: | Ending Dato: |
| Start Date. | Ending Date: |
| Employer Name: | |
| | |
| Employer Address: | |
| Job Title: | |
| | |
| Start Date: | Ending Date: |
| | |
| Employer Name: | |
| Employer Address: | |
| | |
| Job Title: | |
| Start Date: | Ending Date: |
| | |
| Additional Information: | |
| Please explain any employment gap | os: |
| | |
| List your work skills: | |
| | |
| | |

Agreement

I verify the accuracy of the information I have provided and acknowledge application materials ARE public record and are therefore subject to inspection upon request by any citizen of the State of Tennessee.

Any employee of the Tennessee Board of Regents or affiliated institution who is not a U.S. citizen must be authorized to work in the United States and will provide the required documentation to complete an Employment Eligibility Verification form I-9 on the first day of employment.

I hereby authorize the Tennessee Board of Regents or affiliated institution to conduct a thorough investigation of my background, including past employment, and agree to cooperate in such investigations. I hereby release from liability all persons, companies, institution, or corporations supplying information requested pursuant to this application.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above-mentioned investigations, will be sufficient grounds for immediate discharge. I understand that it is a Class A misdemeanor to misrepresent academic credentials, per T.C.A Sec. 49-7-133.

It is the policy of the Tennessee Board of Regents or affiliated institution to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, gender, age, veteran status, or disability.

A request for reasonable accommodation to enable an employee to perform the essential elements of his or her position, or to enable an applicant for employment to complete the application process, must be initiated by the individual seeking accommodation. Applicants for employment should apply for reasonable accommodation and provide documentation of disability.

| BY SIGNING BELOW, I ce | tify that I have read an | d agree with these statements. |
|------------------------|--------------------------|--------------------------------|
|------------------------|--------------------------|--------------------------------|

| Applicant Signature | Date |
|---------------------|------|

TCAT Knoxville is an EOE/AA/ADA Employer
A Tennessee Board of Regents Institution
Accredited with the Council on Occupational Education

NOTICE OF NON-DISCRIMINATION: The Tennessee College of Applied Technology Knoxville does not discriminate on the basis of race, color, religion, creed, ethnicity or national origin, sex, disability, age status as a protected veteran or any other class protected by Federal or State laws and regulations and by Tennessee Board of Regents policies with respect to employment, programs, and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Misty West, Human Resources Coordinator, misty.west@tcatknoxville.edu 1100 Liberty Street, Knoxville, TN 37919, (865) 766-4346.

Tennessee Board of Regents / Tennessee Colleges of Applied Technology Voluntary Self-Identification Form

Tennessee Board of Regents (TBR) is an equal opportunity employer. As a federal contractor, TBR complies with federal regulations pertaining to affirmative action, equal opportunity, and nondiscrimination. We ask your assistance in helping us to meet our federal compliance obligations of monitoring our recruitment, promotion and retention processes.

| Name Gender: ☐ Female ☐ Male ☐ Othe |
|--|
| The race and ethnicity categories below have been defined by the U.S. Departments of Education and Labor. |
| I. Are you Hispanic or Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. ○ Yes ○ No |
| II. Regardless of your answer to the question above, please check the groups below in which you consider yourself to be a member: |
| □ American Indian/Alaska Native A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain their tribal affiliation or community attachment. |
| □ Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. |
| □ Black (non-Hispanic) A person having origins in any of the black racial groups of Africa. |
| □ Native Hawaiian or other Pacific Islander A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| ☐ White (non-Hispanic) A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| Calf identification of a disability or cotored status is strictly columbar. Declining to provide this |

Self-identification of a disability or veteran status is strictly voluntary. Declining to provide this information will not subject you to any adverse treatment. The information you provide on this form will be treated as confidential and completed forms are maintained in files separate from that individual's personnel file and are held in strict confidence, except that:

- 1. Administrators, managers, or supervisors may be informed of any work restrictions or reasonable accommodations;
- 2. First aid or safety personnel may be informed, to the extent necessary, to administer any emergency treatment; and
- 3. Government officials may review the forms in conjunction with an investigation or audit of the TBR's compliance with relevant federal, state or local law.

III. Please check the groups below in which you consider yourself to be a member:

| Under fea | Under federal law, a person with a disability is defined as follows: | | |
|---|--|--|--|
| SU | Person with a Disability – A person who (1) has a physical or mental impairment that ubstantially limits one or more major life activities; (2) has a record of such impairment; or (3) regarded as having such impairment. | | |
| Employee | es who wish to request a reasonable accommodation should contact Misty West | | |
| Veteran s apply: | tatus is defined as follows by the U.S. Department of Veterans Affairs. Please check all that | | |
| er to pe | Disabled Veteran - (a) a veteran of the U.S. military, ground, naval or air service who is ntitled to compensation (or who but for the receipt of military retired pay would be entitled o compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a erson who was discharged or released from active duty because of a service-connected isability. | | |
| er cc (A be | Special Disabled Veteran - (a) a veteran of the U.S. military, ground, naval or air service who is ntitled to compensation (or who but for the receipt of military retired pay would be entitled to empensation) under laws administered by the Department of Veterans' Affairs for a disability a) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has een determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a erson who was discharged or released from active duty because of a service-connected isability. | | |
| na th pe be fro di Fe | Vietnam Era Veteran- a person who: (a) served on active duty in the U.S. military, ground, aval or air service for a period of more than 180 days, and who was discharged or released here from with other than a dishonorable discharge, if any part of such active duty was erformed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) etween August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released om active duty in the U.S. military, ground, naval or air service for a service-connected isability if any part of such active duty was performed (A) in the Republic of Vietnam between ebruary 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any ther location. | | |
| of | Recently Separated Veteran - a veteran during the three-year period beginning on the date f such veteran's discharge or release from active duty in the U.S. military, ground, naval or air ervice. | | |
| U w | Armed Forces Service Medal Veteran - a veteran who, while serving on active duty in the .S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12983 (61 Fed. eg. 1209). | | |
| na be ht | Other Protected Veteran – a veteran who served on active duty in the U.S. military, ground, aval or air service during a war or in a campaign or expedition for which a campaign badge has een authorized. Information required to make this determination is available at ttp://www.opm.gov/veterans/html/vgmedal2.htm. A copy of the list also may be obtained y calling (301) 306-6752 and requesting that a copy of the list be mailed to you. | | |

Signature: ______ Date: _____