



Smokies Life supports the perpetual preservation of Great Smoky Mountains National Park and the national park system by promoting greater public understanding and appreciation through education, interpretation, and research.

Application for Employment

Last name	First	MI	Type(s) of work desired	Date of application
Mailing address			Email address	
City	State	ZIP	Home telephone	Work telephone
How were you referred to Smokies Life? <i>Select only one</i>			Position(s) applied for	
<input type="radio"/> Advertisement <i>If so, where was the ad?</i>				
<input type="radio"/> By your college <input type="radio"/> Employment agency <input type="radio"/> An employee <i>If so, whom?</i>			<input type="radio"/> Walk-in <input checked="" type="radio"/> Other	

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer. Qualifications for employment and promotion are based solely upon your ability to perform the job and also upon your dependability and reliability once hired. Race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, mental or physical disability, military or veteran status, genetic information, age, and any other categories protected by law are not considered in hiring, employment benefits, or advancement opportunities. The only factors that will affect the hiring decisions are bona fide occupational qualifications.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Employment Record

Starting with present or more recent, list past 10 years of employers. Include self-employment, summer, and part-time jobs. **If more space is required, please continue on a separate sheet.** Resumes may be attached but they cannot be a substitute for filling this application out completely.

Last or present company	Type of business	Type or classification of job
Street address	Phone number	Brief description of job duties:
City	State	ZIP code
Supervisor's name	Phone number	
Dates worked	From	To
Reason for leaving		

(continue employment record on next page)

Company	Type of business	Type or classification of job
Street address	Phone number	Brief description of job duties:
City	State	ZIP code
Supervisor's name	Phone number	
Dates worked	From	To
Reason for leaving		
Company	Type of business	Type or classification of job
Street address	Phone number	Brief description of job duties:
City	State	ZIP code
Supervisor's name	Phone number	
Dates worked	From	To
Reason for leaving		

Educational History (use additional sheets if needed)

School name	Location (city & state)	Major or subject	Degree
High School			graduated? <input type="radio"/> Yes <input type="radio"/> No
Technical/trade			graduated? <input type="radio"/> Yes <input type="radio"/> No
College (list all)			graduated? <input type="radio"/> Yes <input type="radio"/> No
			graduated? <input type="radio"/> Yes <input type="radio"/> No
			graduated? <input type="radio"/> Yes <input type="radio"/> No
Other education and/or training			graduated? <input type="radio"/> Yes <input type="radio"/> No
			graduated? <input type="radio"/> Yes <input type="radio"/> No
			graduated? <input type="radio"/> Yes <input type="radio"/> No

Outside Activities

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Hobbies

Special Skills (use additional sheets if needed)

Skill Type	Application, language, model, program, etc.	Certification/ license		Years experience
		Yes	No	
ARC First-Aid				
Computer <input type="checkbox"/> PC or Mac <input type="checkbox"/>				
Computer software <input type="checkbox"/> PC or Mac <input type="checkbox"/>				
CPR				
Drivers license State				
Forklift				
Point-of-sale system				
Second spoken language				
Senior life saving				
Typing				
Other (list)				

Military Record

Branch of service

From

To

Present military affiliation:

(select one)

None

Reserve (active)

Reserve (inactive)

Kinds of training and duty while in service

Professional Information & Work References (circle all that apply)

Do you have the right to work in the U.S.? Yes No Are you over the age of 18? Yes No

Are you able to perform the essential functions of the position for which you are under consideration with or without accommodations? Yes No

Are you related to any current Smokies Life employee? Yes No

If yes, give name

May we contact your present employer? Yes No

Wage or salary required: \$	Date available to begin work:	Days available to work: (check all that apply) <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
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List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Phone no./with area code	Occupation

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification from Smokies Life's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employments depends upon the will of Smokies Life or me.

Date

Signature

If any of your educational or employment records are under other than the above name, please provide other names.

Smokies Life
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Gatlinburg, TN 37738-0130
865-436-7318

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