



www.ImageMattersInc.com
865.212.3600

Mailing Address:
Image Matters Inc.
P.O. Box 11708
Knoxville, TN 37939-1708

Physical Address:
Image Matters Inc.
3017 Sutherland Ave.
Knoxville, TN 37919

Application for Employment

An Equal Opportunity Employer

All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin, or disability. The use of this form does not mean there are positions open and does not obligate the company in any way. This application will remain active for a period of ninety (90) days from the date of application. **Failure to fully complete information requested will result in this application being invalid.**

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

Social Security Number _____

Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.

Are you a citizen of the United States? Yes No

If not a citizen of the U.S., can you provide proof that you can legally be employed in the United States?

Yes No

Position(s) applying for

Full Time Part Time Temporary Date available for work _____

Are you available to work: Days Evenings Nights

Rate of pay desired: _____

EDUCATIONAL INFORMATION

	ELEMENTARY	HIGH SCHOOL	COLLEGE / UNIVERSITY
School Name			
Years Completed	5 6 7 8 9	1 2 3 4	1 2 3 4
Diploma / Degree			
Describe Courses Studied			

Specialized Training

Please describe any specialized training such as word processing, technical or sales, certifications, and apprenticeship skills.

List two professional references who know you well enough to evaluate your abilities, character, skills, and background excluding relatives.

Name	Business	Position	Telephone

Referred by: Employee Newspaper Ad Website Friend/Relative

Have you ever been convicted of a crime except a minor traffic violation?

Yes No

If so, state date, court, and place where offense occurred. _____

If so, state date, court, and place where offense occurred.

Have you ever been discharged or requested to resign from a position? Yes No

Does your present employer know you plan employment change?

Yes No

May we contact them? Yes No

Why do you desire to make a change? _____

In case of emergency, whom should we contact?

(Give full name and phone number) _____

EMPLOYMENT HISTORY

Employer	Employer Phone		
Address	City	State	Zip Code
Job Title	Name under which employed		Supervisor
Beginning Date	Ending Date		
Duties/Job Description			
Salary			
Reason for Leaving			

Employer	Employer Phone		
Address	City	State	Zip Code
Job Title	Name under which employed		Supervisor
Beginning Date	Ending Date		
Duties/Job Description			
Salary			
Reason for Leaving			

Employer	Employer Phone		
Address	City	State	Zip Code
Job Title	Name under which employed		Supervisor
Beginning Date	Ending Date		
Duties/Job Description			
Salary			
Reason for Leaving			

Employer	Employer Phone		
Address	City	State	Zip Code
Job Title	Name under which employed		Supervisor
Beginning Date	Ending Date		
Duties/Job Description			
Salary			
Reason for Leaving			

APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true and complete in all respects to the best of my knowledge and I agree that if employed and it is found to be false in any way that I may be subject to dismissal without notice. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or any damages on account of having furnished such information. I further agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without prior notice to my supervisor, and that employment is terminable at the will of either the employee or employer.

I hereby certify that I have not been convicted of a criminal violation. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

All applications will remain active for ninety (90) days.

If employed and I ever appear to the employer to be unfit for duty due to suspected influence of alcohol or other drugs, am involved in an accident or safety incident, hold a safety critical job, or am recalled from layoff, I may be subject to further alcohol and other drug screening or face disciplinary consequences, up to and including loss of employment. I hereby authorize any physician, laboratory, hospital, or medical professional retained by employer for program purposes to both conduct such screening and provide the results thereof to employer, and I release the employer, its agents, employees and any such institution or person(s) from liability therefore.

If employed I agree to observe all present and subsequently issued personnel policies and rules. These rules and policies are intended to guide the organization in its relationship with its employees. They are not a contract of employment, and I do not construe them as such. Policies and rules which are issued are not conditions of employment. I understand that the employer may revise policies or procedures, in whole or in part, at any time, with or without notice.

Failure to fully complete information requested will result in this application being invalid.

Signature of
Applicant _____ Date _____

AN UNSIGNED AND/OR INCOMPLETE APPLICATION WILL NOT BE PROCESSED