

IN THE CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

**PETITION FOR CERTIFICATE OF EMPLOYABILITY**

[Pursuant to T.C.A. §40-29-107]

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ALIAS(ES): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (County) (ZIP)

PHONE #: \_\_\_\_\_ LENGTH OF RESIDENCE IN TN: \_\_\_\_\_ Years \_\_\_\_\_ Months

SOCIAL SECURITY NUMBER(S) (*including for alias(es)*): \_\_\_\_\_

COUNTY/COURT OF CONVICTION: County \_\_\_\_\_ Federal:  State Trial Criminal Court:

CRIMINAL HISTORY (include each offense that is a disqualification from employment or licensing in an occupation or profession, including the years of each conviction or plea of guilty):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY (specify the name of each employer, position held, and dates of employment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIABLE REFERENCES AND ENDORSEMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSON(S) WHO SUPPORT RE-ENTRY PLAN (list one or more immediate family members or other persons with whom you have a close relationship): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUMMARY OF THE REASON(S) A CERTIFICATE OF EMPLOYABILITY SHOULD BE GRANTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name

Signature

Date

**CERTIFICATE OF SERVICE**

This is to certify that a true and exact copy of the foregoing *Petition for Certificate of Employability* has been mailed, postage prepaid, by U.S. Mail to:

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This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Deputy Clerk