

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)

LENGTH OF RESIDENCE IN TENNESSEE: _____ Years _____ Months

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

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):

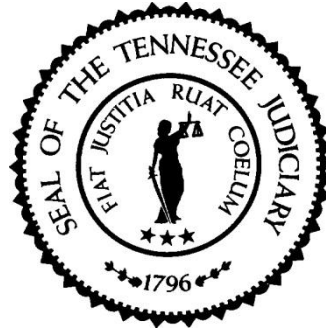
EMPLOYMENT HISTORY (specify the name of each employer, position held, and dates of employment):

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 Employability

Granted to:

pursuant to Tennessee Code Annotated §40-29-107

Judge's Signature

Court

Date

*The Administrative Office of the Courts created this Certificate pursuant to 2014 Public Chapter 815.
The Tennessee Supreme Court has neither reviewed nor approved the Certificate.*