

IN THE \_\_\_\_\_ COURT FOR \_\_\_\_\_ COUNTY

**PETITION FOR CERTIFICATE OF EMPLOYABILITY**  
**TENNESSEE CODE ANNOTATED SECTION 40-29-107**

Name: \_\_\_\_\_ Alias(es): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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):

<u>Offense</u>	<u>Date of Conviction</u>	<u>Court/County of Conviction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employment History** (Specify the name of each employer, position held, and dates of employment):

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

**Verifiable References and Endorsements:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person(s) Who Support Reentry 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:**

I hereby certify that an exact copy of the above Petition was mailed, postage pre-paid, or was personally delivered, to \_\_\_\_\_.

Date: \_\_\_\_\_  
Clerk