APPLICATION FOR EMPLOYMENT CHEATHAMCOUNTY GOVERNMENT COUNTY GENERAL

<u>CHEATHAM COUNTY, TENNESSEE, IS AN EQUAL OPPORTUNITY EMPLOYER</u> and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits as provided by Title VI of the Civil Rights Act of 1964, as amended.

<u>Overview of the hiring and employment process</u>: This Application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please call the following number: 615-792-2340.

Prior to completing this Application be sure to read the JOB DESCRIPTION of the position for which you are applying. As you complete this Application, please bear in mind the following:

- We reserve the right to check all information for accuracy and completeness
- All application for employment are a matter of public record

GENERAL INFORMATION

Date:	_ Positon Desired:			
Are you Applying For: Full Time	Part Time	_ Seasonal		
If Part Tim, What Days/Hours Are You Available:				
Have You Applied with the County	Before? (circle)	Yes	No	
Have You Been Employed by the C	ounty Before? (circle)	Yes	No	
PERSONAL INFORMATION				
<u>You're Name:</u>				

First

Last

Middle

Phone Number: Home ()	Cell ()		Work ()
Address:			
Number	Street		
City		State	Zip Code
Do You Have A Legal Right To	Work in The U.S.? (circle)	Yes	No
Are You Over The Age of 18?	(circle)	Yes	No
Have You Ever Been Convicted	l of a Felony? This May be I	Relevant if Job-Relate	ed, but Does Not Bar You
from Employment: (circle)		Yes	No
If Yes, Please Explain:			
HIGH SCHOOL ATTENDED:	YOUR EDUCATION AN		
	City		State
Do You Have A High School Di	oloma? (circle)	Yes	No
Please List Other education Yo	ou Have Received:		
College/University/ Trade or Business Schools Attended	<u>City/State</u>	Degree Earned Type of Degree	Major Area Of Study

List Other Training Received (special courses, work training, programs, armed forces training, etc.):
List Special Qualifications and Skills (licenses, skills with machines, patents or inventions, publications, etc.):
Based on the JOB DESCRIPTION of the position for which you are applying:
Are you able to perform the essential functions of the job for which you've applied? (note: you may later be asked to demonstrate your ability to perform the essential functions)
Yes, but I will need reasonable accommodations in order to perform the essential functions. * if you answer yes please complete question below.
*Please describe any accommodations you will need in order to adequately perform the essential functions of the position:
Yes and I will NOT need reasonable accommodations in order to perform the essential functions.

REFERENCES

<u>Please list three people, other that relative or former employers who have knowledge of your character and/or abilities:</u>

Name	Mailing Address	Years	Phone #
	Address	Known	

PRIOR EMPLOYMENT RECORD

List Below All Present and Past Employmen	nt Information and/o	or Substantive Volunteer Work:
Name and Address of Current or Most Rec	<u> </u>	
Phone Number		
Your Job Title/Responsibilites		
Date Hired		
Reason for Leaving		
Starting Salary		
May We contact This Employer: (circle)	Yes	No
Name and Address of Previous Employer:		
Phone Number	Your Supervi	sor

Your Job Title/Responsibilites			
Date Hired			
Reason for Leaving			
Starting Salary	Ending Salary:		
May We contact This Employer: (circle)	Yes	No	
Name and Address of Previous Employer:			
Phone Number	Your Supervisor		
Your Job Title/Responsibilites			
Date Hired			
Reason for Leaving			
Starting Salary	Ending Sa	alary:	
May We contact This Employer: (circle)	Yes	No	

******IMPORTANT*****

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME, IF PROVIDED) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME AND MY APPLICATION FROM FURTHER CONSIDERATIONFOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMSSAL IF DISCOVERED AT A LATER DATE.

I WAIVE ANY RIGHT OF PRIVILEGE, PRIVACY, AND/OR CONFIDENTIALITY I MAY HAVE IN THE INFORMATION PROVIDED BY REFERENCES OR OTHERS WHOM I HAVE INDICATED MAY BE CONTACTED.

Applicant signature	 Date	