

Name: _____
Last First Middle Initial

Date: _____

SEVIER COUNTY GOVERNMENT Juvenile Facility Application for Employment

To the Applicant: We appreciate your interest in employment with Sevier County Government, and we assure you that we are sincerely interested in your qualifications. In order to get a better understanding of your background, we ask that you fill out this application completely. Your accurate completion of this form will assist us in ensuring that your qualifications will be considered when we are making our staffing decisions. Your application will be retained for a period of one (1) year following your application date. If you wish to be considered for future vacancies, you must notify Personnel Office during the posted application period to activate your application.

Name: _____ Social Security Number: _____ - _____ - _____
Last First Middle Initial

Present Address: _____

Telephone Number: _____ Dates of Military Service & Branch: _____

Position Desired: _____

When are you available to begin working? _____ What is the minimum wage you could accept? _____

How did you learn of this vacancy? Newspaper ad Sevier County Web page
 Sevier County employee Sevier County Job Line From a friend Other: _____

Have you worked for Sevier County Government previously? No Yes
If yes, provide your job title and employment dates: _____

Do you have any relatives currently working with Sevier County Government? No Yes
If yes, give their name and relationship: _____

Professional or Occupational License(s) you hold: _____

Do you have a valid TN Driver's License (class D)? No Yes
List any other class or endorsement license(s) you have: _____

Have you been found guilty of a moving violation within the past three years? No Yes
If yes, please explain: _____

Education History

Circle the highest grade you completed. Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 Other: BA BS MA MS PhD MD		
Name and Address of Educational Institute(s)	Major Subject	Type of Degree
1)		
2)		
3)		

Employment History: Please list all employers starting with present or most recent employer

Employer's Name:	Employer's Address:	Supervisor's Name:	Job Duties:
Job Title:	Reason for Leaving:	May we contact this employer?	
Hiring Date:	Separation Date:	Employer's phone number:	
Starting Salary:	Ending Salary:		

Employer's Name:	Employer's Address:	Supervisor's Name:	Job Duties:
Job Title:	Reason for Leaving:	May we contact this employer?	
Hiring Date:	Separation Date:	Employer's phone number:	
Starting Salary:	Ending Salary:		

Employer's Name:	Employer's Address:	Supervisor's Name:	Job Duties:
Job Title:	Reason for Leaving:	May we contact this employer?	
Hiring Date:	Separation Date:	Employer's phone number:	
Starting Salary:	Ending Salary:		

I hereby authorize Sevier County Government to make an investigative report whereby information is obtained through personal interviews with third parties, such as business associates. I understand that I will be required to pass a post-offer physical that includes a drug test. I acknowledge that if I am employed, my employment will be at-will, and can be terminated with or without cause at any time by Sevier County Government or myself.

Signature: _____

Date: _____

COURT DATA

Have you ever been arrested or charges with any criminal violation? Yes _____ No _____

List all such matters, even if not formally charged or no court appearances or found not guilty, or pled guilty or nolo contendere to any charge for which adjudication of guilt was withheld or matter if settled by payment or fine or forfeiture of collateral

Date	Place/Agency	Charge	Final Disposition

WARNING: Pursuant to TCA 71-3-507 any person falsifying information shall be prosecuted.

References:

Name	Contact Number	Relationship/Years Acquainted
1)		
2)		
3)		

Have you ever been employed by Law Enforcement, Corrections, or Public Safety? _____.

FORMS TO BE FURNISHED WITH SUPPLEMENTAL APPLICATION:

- Copy of **BIRTH CERTIFICATE**
- Copy of **HIGH SCHOOL DIPLOMA** or **GED Certificate**
- Copy of **MILITARY DD-214 (If Applicable)**
- Copy of **TENNESSEE DRIVERS LICENSE**
- Copy of **SOCIAL SECURITY CARD**
- Copy of **ANY TRAINING Certificates(If Applicable)**
- Copy of **(3) LETTERS OF REFFERAL/RECOMMENDATION**

I hereby authorize Sevier County Juvenile Facility to make an investigative report whereby information is obtained through personal interviews with third parties, such as business associates and specifically authorize the release of any and all information from former employers, agencies both public and private, and relatives and acquaintances in relation to the employment application, including credit bureaus. I acknowledge that if I am employed, my employment will be at-will, and can be terminated with or without cause at any time by Sevier County Government or myself.

Signature: _____

Date: _____