Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Initial

**SEVIER COUNTY GOVERNMENT**

**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 six (6) months following your application date. If you wish to be considered for future vacancies, you must notify the Human Resources Department 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 if Applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a criminal offense? [ ] No [ ] Yes

If yes, list offense(s) and date(s) of conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The existence of a criminal record does not constitute an automatic bar to employment.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_