

## HARTSVILLE/TROUSDALE COUNTY GOVERNMENT

328 BROADWAY HARTSVILLE, TN 37074 615-374-2461

## **Employment Application**

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Applicant Information									
Full Name:	Last	First			M.I.	Date:			
Address:	Street Address					Apartment/Unit #			
Dhono	City		Email.		State	ZIP Code			
Phone:			Emaii						
Position A	pplied for:								
Date Available: Social Security No.:				Desired Salary:					
YES NO YES NO Are you a citizen of the United States? □ □ If no, are you authorized to work in the U.S.? □ □									
YES NO Have you ever worked for this company?     YES NO   If yes, when?									
·	ver been convicted of	·							
If yes, explain:Education									
Elementary	School		s:	NO					
From:	To:	Did you graduate	YES ? 🔲	NO 🗆	Degree:				
High School	l:	Address							
From:	To:	Did you graduate	YES ? 🗆	NO	Diploma:				
College:		Address							
From:	To:	Did you graduate	YES ? 🗆	0	Degree:				
Other:		Address							
From:	To:	Did you graduate	YES ?	NO	Degree:				
Other:		Address							
From:	To:	Did you graduate	YES ? П	NO	Degree:				

	Previou	us Employme	nt	
Company:				Phone:
Address:				Supervisor:
Job Title:	Start		Ending Salary:	
Responsibilities:				
	To:			
May we contact your	previous supervisor for a referenc	YES	NO	
				Phone:Supervisor:
Job Title:	Start	ing Salary: <b>\$</b>		Ending Salary:
Responsibilities:				
	To:			
May we contact your	previous supervisor for a referenc	YES ce?	NO	
Addross:				Phone: Supervisor:
Job Title:	Start	Ending Salary:		
Responsibilities:				
From:	To:	Reason fo	r Leaving:_	
	previous supervisor for a referenc al space, please continue on a s		NO □ f paper.	
	Spec	ialized Skills		
☐ Microsoft Word	☐ Microsoft Excel	Multi-line Phones	s 🗆 S	cheduling
☐ Accounting Softwa	are: (please list)			
☐ Grant Writing	☐ Human Resource	Benefit Coordina	tion	
	zed training, apprenticeship, skills lering your application.	s, extracurricular	activities, d	or other information you feel may be
_				

	Military Service					
Branch:	Fr	rom:	To:			
Rank at Discharge:	Type of Discha	ırge:				
If other than honorable, explain:						
	References					
Please list three professional reference	S.					
Full Name:		Relationship	:			
Company:		_ Phone	<u>:</u>			
Address:						
Full Name:		Relationship	:			
0			<u>:</u>			
Address:						
Full Name:		Relationship	:			
C			:			
Address:						
	Disclaimer and Signature					
I certify that my answers are true and co	omplete to the best of my knowledg	 ge.				
I authorize investigation of all statement arriving at an employment decision.	ts contained in the application for e	employment as m	nay be necessary in			
This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether applications are being accepted at that time.						
I hereby understand and acknowledge a relationship with the organization is of a and the Employer may discharge Emplo will" employment relationship may not be specifically acknowledged in writing by	on "at will" nature, which means that byee at any time with or without cal to changed by any written docume	it the Employee in the second the second to the second the second to the	may resign at any time understood that this "at			
If this application leads to employment, interview may result in my release. I until the employer.						
Signature:		Date:_				
PERS	SONNEL DEPARTMENT USE (	ONLY				
Resume Attached:  Yes No						
Arrange Interview: ☐ Yes ☐ No Date of	of Interview:					
Remarks:						
	Employment					
Job Title:	кате от Рау: L	Jept/Code:				
Employer Signature:						