

Applicant's Name \_\_\_\_\_

Date \_\_\_\_\_

## GREENE COUNTY, TENNESSEE APPLICATION FOR EMPLOYMENT

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans status, sex, national origin or the presence of a non-job related medical condition or handicap or any other legally protected status.

PERSONAL INFORMATION			
Name (Print) _____		Home or Nearest Phone _____	
Present Address _____ <small>No. Street or Route &amp; Box No.</small>		Emergency Phone Number _____	
City _____	State _____	Zip _____	If at present address less than one year, please
Give previous address _____			
Are you over the age of 18? ( ) Yes ( ) No If No, employment is subject to verification that you are of minimum legal age.			
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ( ) Yes ( ) No			
Can you produce documented proof of your eligibility for employment in the United States? ( ) Yes ( ) No (Either Driver's License and Social Security Card/Birth Certificate or Immigration and Naturalization Service Documents)			

Positions Applied for: \_\_\_\_\_

How soon could you report for work? \_\_\_\_\_

Type of Employment ( ) Full Time ( ) Part Time ( ) Temporary

Rate of Pay Expected \_\_\_\_\_

What Days and Hours if Part Time? Days \_\_\_\_\_

Hours \_\_\_\_\_

EDUCATION				
Type of School	Name & Address of School	Courses Majored In	Circle Years Completed	Graduate? Give Degrees
Elementary			5   6   7   8	
High School			9   10   11   12	
College			1   2   3   4	
Other				

Have you applied for a job with Greene Co. before? ( ) Yes ( ) No Have you worked for Greene County before? ( ) Yes ( ) No

Have you ever been bonded? ( ) Yes ( ) No Have you ever been refused bond? ( ) Yes ( ) No

If refused, state reason and date. \_\_\_\_\_

Have you ever served in the U.S. Armed Forces? ( ) Yes ( ) No If yes, Branch \_\_\_\_\_

Date Entered \_\_\_\_\_

Date Discharged \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation? ( ) Yes ( ) No If Yes, state date, court and place where offense occurred. \_\_\_\_\_

Have you ever been discharged or asked to resign from a position? ( ) Yes ( ) No Are you employed now? ( ) Yes ( ) No

Present Employer \_\_\_\_\_

May we contact? ( ) Yes ( ) No

Why do you desire to make a change? \_\_\_\_\_

Have you ever held a position of Trust? (Handling Money or Confidential Material) ( ) Yes ( ) No

How much time have you lost from work this past year? \_\_\_\_\_

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This section for Clerical and Secretarial Applicants	
Typing Skills ( )Yes ( )No Speed= _____ Wpm	Office Machines Used: _____
Shorthand ( )Yes ( )No Speed= _____ Wpm	_____

This section for Drivers and Paramedical Personnel Only
Have you been ticketed or paid a fine for a traffic violation in the last five (5) years? ( )Yes ( )No
If Yes, Please Explain: _____
The position being applied for requires a valid drivers license, please provide: Name (as on License): _____
State: _____ Drivers' License No: _____ Date of Birth: _____

<b>PRIOR WORK RECORD (Start With Most Recent or Present Employer and Complete in Full)</b>			
1. Name and Address of Most Recent Employer		Telephone No.	
Immediate Supervisor: Name & Position	Date of Hire	Starting Rate	
Job Title & Duties	Date Left	Last Rate	
Reason for Leaving	May we contact this employer? ( )Yes ( )No		
2. Name and Address of Most Recent Employer		Telephone No.	
Immediate Supervisor: Name & Position	Date of Hire	Starting Rate	
Job Title & Duties	Date Left	Last Rate	
Reason for Leaving	May we contact this employer? ( )Yes ( )No		
3. Name and Address of Most Recent Employer		Telephone No.	
Immediate Supervisor: Name & Position	Date of Hire	Starting Rate	
Job Title & Duties	Date Left	Last Rate	
Reason for Leaving	May we contact this employer? ( )Yes ( )No		

**REFERENCES**

Do Not List Relatives or Former Employers)

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**CERTIFICATION**

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge, in the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications; I authorize investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of this application, disciplinary action of dismissal if I am employed, and/or criminal action incomplete or unsigned applications may be rejected without notification. I further understand that dismissal from employment shall be mandatory if fraudulent disclosures are given to meet position requirements.

-----Authority G.5-126-30; G.S. 14-122.10.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION OF APPLICANT ASSISTANCE IF REQUIRED**

I certify that at the request of the applicant, I have read this application to them and all information adequately reflects their response to all questions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature or Mark \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_