

Applicant's Name _____

Date _____

GREENE COUNTY, TENNESSEE
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Print) _____ Home or Nearest Phone _____

Present Address _____ 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 legally eligible for employment in the United States? () 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)

Position 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 Degree
High School			9 10 11 12	
College			1 2 3 4	
Other				

Have you ever 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? _____

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Typing Skills ()Yes ()No Speed_____ Wpm Office Machines Used_____

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 driver's license, please provide: Name (as on License):_____

State:_____ Driver's License No:_____

PRIOR WORK RECORD (Start With Most Recent or Present Employer and Complete in Full)

1. Name and Address of Most Recent Employer:	Telephone No.
Immediate Supervisor: Name & Position:	
Date of Hire:	Starting Rate:
Date Left:	Last Rate:
Job Title & Duties:	
Reason for Leaving:	May we contact this employer: ()Yes ()No
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Immediate Supervisor: Name & Position:	
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Date Left:	Last Rate:
Job Title & Duties:	
Reason for Leaving:	May we contact this employer: ()Yes ()No

Do not list Relatives or Former Employers

Name:_____ Address:_____ Telephone:_____

Name:_____ Address:_____ Telephone:_____

Name:_____ Address:_____ Telephone:_____

CERTIFICATION

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment or, if hired, may be grounds for termination from the company or its subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice

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_____