



**CHEATHAM
COUNTY**

*A great place
to raise a family*

**Building Department
Codes Administration
(615) 792-7915**

Please scan and email completed employment
application to:

franklin.wilkinson@cheathamcountyttn.gov

OR

Fax the completed application to (615)-792-2040

APPLICATION FOR EMPLOYMENT
CHEATHAM COUNTY GOVERNMENT
COUNTY GENERAL

CHEATHAM COUNTY, TENNESSEE, IS AN EQUAL OPPORTUNITY EMPLOYER and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits.

Overview of the hiring and employment process: This Application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please call the following number: (615)792-4316

Prior to completing this Application be sure to read the JOB DESCRIPTION of the position for which you are applying. As you complete this Application, please bear in mind the following:

- we reserve the right to check all information for accuracy and completeness
- all application for employment are a matter of public record

GENERAL INFORMATION

Date: _____ Position Desired: _____

Are You Applying For: Full Time _____ Part Time _____ Seasonal _____

If Part Time, What Days/Hours Are You Available: _____

Have You Applied With the County Before? (circle) Yes _____ No _____

Have You Been Employed By the County Before? (circle) Yes _____ No _____

PERSONAL INFORMATION

Your Name: _____
Last First Middle

Social Security Number: _____

Phone Number: Home () _____ Work: () _____

Address: _____
Number Street
_____ City State Zip Code

Do You Have A Legal Right To Work In The U.S.? (circle) yes no

Are You Over The Age of 18? (circle) yes no

Have You Ever Been Convicted of a Felony? (note: this may be relevant if job-related, but does not bar you from employment): (circle) yes no

If Yes, Please Explain: _____

Driver's License Number (if required by job): _____

YOUR EDUCATION AND TRAINING

HIGH SCHOOL ATTENDED: _____

_____ City State

Do You Have A High School Diploma? (circle) yes no

Please List Other Education You Have Received:

College/University/ Trade or Business Schools Attended	City/State	Degree Earned? - Type Degree	Major Area of Study

List Other Training Received (special courses, work training programs, armed forces training, etc.):

List Special Qualifications and Skills (licenses, skills with machines, patents or inventions, publications, etc.):

Based on the JOB DESCRIPTION of the position for which you are applying:

Are you able to perform the essential functions of the job for which you've applied (note: you may later be asked to demonstrate your ability to perform the essential functions)?

_____ Yes, but I will need reasonable accommodations in order to perform the essential functions (please complete the next question)

_____ Yes, and I will not need reasonable accommodations in order to perform the essential functions.

Please describe any accommodations you will need in order to adequately perform the essential functions of the position:

REFERENCES

Please list three or four persons, other than relatives or former employers who have knowledge of your character and/or abilities:

Name	Mailing Address	Yrs. Known	Phone

PRIOR EMPLOYMENT RECORD

List Below All Present and Past Employment Information and/or Substantive Volunteer Work:

Name and Address of Current or Most Recent Employer:	
Phone Number:	
Your Supervisor:	
Your Job Title/Responsibilities:	
Date Hired:	Date Left:
Reason For Leaving:	
Starting Salary:	Ending Salary:
May We Contact This Employer: (circle) Yes No	

Name and Address of Previous Employer:	
Phone Number:	
Your Supervisor:	
Your Job Title/Responsibilities:	
Date Hired:	Date Left:
Reason For Leaving:	
Starting Salary:	Ending Salary:
May We Contact This Employer: (circle) Yes No	

Name and Address of Previous Employer:	
Phone Number:	
Your Supervisor:	
Your Job Title/Responsibilities:	
Date Hired:	Date Left:
Reason For Leaving:	
Starting Salary:	Ending Salary:
May We Contact This Employer: (circle) Yes No	

IMPORTANT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Applicant Signature

Date