



**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](mailto:franklin.wilkinson@cheathamcountyttn.gov)

OR

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



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.):

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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:

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#### 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