APPLICATION FOR EMPLOYMENT
CHEATHAMCOUNTY 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 as provided by Title VI of the Civil Rights Act of 1964, as amended.

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: 615-792-2340.

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 Tim, 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

You’re Name:
___________________________________________________________________________

Last First Middle
Phone Number:  Home ( )  Cell ( )  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? This May be Relevant if Job-Related, but Does Not Bar You from Employment:  (circle)  Yes  No

If Yes, Please Explain: __________________________________________________________________________________________

____________________________________________________________________________________

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:

<table>
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<tr>
<th>College/University/Trade or Business Schools Attended</th>
<th>City/State</th>
<th>Degree Earned Type of Degree</th>
<th>Major Area Of Study</th>
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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. * if you answer yes please complete question below.

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

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

________ Yes and I will NOT need reasonable accommodations in order to perform the essential functions.
REFERENCES

Please list three people, other than relative or former employers who have knowledge of your character and/or abilities:

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<th>Name</th>
<th>Mailing Address</th>
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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 PROVIDED) 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