

APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES DEPARTMENT P.O. BOX 448 JOHNSON CITY, TN 37605 (423) 979-1500

The Washington County ECD 911 is an Equal Employment Opportunity Employer dedicated to a policy of non-discrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, military status or the presence of any disabilities. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given complete consideration, but it's receipt does not imply that the applicant will be employed.

DEDCONAL DATA

FERSONAL DATA							
NAMELast	First		Middle				
ADDRESS							
CITY	STATE		ZIP				
Area CodePhone #	Mobile Phone #						
E-mail Address							
POSITION(S) APPLIED FOR							
Prefer Full Time Part Time	2						
EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)							
High School Attended:(Nam			(City O Chata)				
High School Diploma or GED?	le)		(City & State)				
College/University/Trade or Business Schools Attended	City/State	Maj	jor Area of Study	Degree Earned			

- 1. Have you ever applied for a job with the District in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name.
- 2. Have you ever been employed by the District in the past?

 If yes, please give the dates of employment, position(s) held, and state your name while employed, if different from present name.

WORK HISTORY

Phone Number

Describe your work history below beginning with your current or most recent job. Include military and/or volunteer experience. Describe in **DETAIL** the **SPECIFIC DUTIES** beginning with your primary duties (attach additional sheets if necessary). Failure to answer all work history questions and give complete and detailed information regarding each job held may result in your disqualification. A resume may be attached **ONLY** as additional information.

YOU MAY NOT SUBMIT A RESUME IN LIEU OF COMPLETING THIS WORK HISTORY

Address

Current or Last Employer

Official Job Title	Supervisor Name	Reason for Leaving
From (Month/Year) To (Month/Year)	Hours Per Week	May We Contact?
Starting Salary \$	Ending Salary \$	
Description of Duties & Responsibilities:		
Was position subject to drug and alcohol t	esting under Federal guidelines?	
Current or Last Employer	Address	Phone Number
Official Job Title	Supervisor Name	Reason for Leaving
From (Month/Year) To (Month/Year)	Hours Per Week	May We Contact?
Starting Salary \$	Ending Salary \$	
Description of Duties & Responsibilities:		
Was position subject to drug and alcohol t	esting under Federal guidelines?	
Current or Last Employer	Address	Phone Number
Official Job Title	Supervisor Name	Reason for Leaving
From (Month/Year) To (Month/Year)	Hours Per Week	May We Contact?
Starting Salary \$	Ending Salary \$	
Description of Duties & Responsibilities:		
Was position subject to drug and alcohol to	esting under Federal guidelines?	

2. OTHER LICENSE [S] OR CERTIFICATION [S]

Full Name	Relationshi	р	Position
you have any experiences from y	our military service that wo	ould be relevant to the job(s) for	
nich you are applying? If yes, plea	se explain:		
o you have any commitments to ar e District? If yes, please explain:	iotner employer that might	arrect your employment with	
_		_	
hired, can you furnish proof that ye	ou are 18 years of age?		
hired, can you furnish proof that ye documents needed to prove elig			
gal requirements). If no, please ex		we will be happy to explain the	
ave you been convicted of a crim leased from a federal, state or loc	al detention facility in the	past? Note: A yes answer does	
ot automatically disqualify you from pe of job for which you are applyin			
		_	
e you presently charged with a pe	3 (, 3	
at has not yet resulted in a plea o es answer will not automatically dis			
		-	
ILITARY SERVICE			
ranch of Service	Date Entered	Type and Date of Discharge	Rank

REFERENCES: List three persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under Employment History. Do not list the name of your minister or religious leader.

Full Name	Years Known	Occupation	Address	Phone

IMPORTANT

Please Read Carefully and Initial Each Paragraph Before Signing

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the District if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I authorize the District to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that the District may request an investigative consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the District within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the District with relevant information and opinion that may be useful to the District in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

Initials

I give permission for a complete post offer employment physical examination and drug screening, and I consent to the release to the District of any and all medical information, as may be deemed necessary by the District in judging my capability to do the work for which I am applying. I also understand that I will consent to a Criminal History and fingerprint background check.

Initials

I understand that if my employment is terminated by the District for dishonesty, breach of trust, or any criminal acts the authorities may be notified; and I may be notified and criminally prosecuted.

Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

Initials

SIGNED DATE