

MARSHALL COUNTY GOVERNMENT HUMAN RESOURCES DEPARTMENT
3309 COURTHOUSE ANNEX, LEWISBURG, TN 37091

APPLICATION FOR EMPLOYMENT

Marshall County Government is an Equal Opportunity Employer and in accordance with Title VI does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in employment opportunities and benefits. Marshall County Government is a smoke-free and Tennessee Drug Free Workplace.

Overview of the hiring and employment process: This application is the first step of the hiring and employment process. Other steps 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 this application and/or any part of the hiring and employment process, please call the Director of Human Resources at 931-422-2314.

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 keep in mind the following:

- We reserve the right to check all information for accuracy and completeness.
- All applications for employment are a matter of public record pursuant to TCA 10-7-503.

PLEASE PRINT NEATLY IN INK OR TYPE. ANSWER ALL QUESTIONS COMPLETELY, READ ALL INFORMATION ON THIS APPLICATION AND SIGN APPLICATION.

GENERAL INFORMATION

Date: _____ Position desired: _____

Are you applying for: _____ Full-time _____ Part-time _____ Seasonal _____ Volunteer

Have you been employed by Marshall County before? YES NO

How did you hear about this position? _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Phone # Home () Work ()

Email: _____

Address: _____
(Number) (Street)

(City) (State) (Zip Code)

How long at this address? _____

How many hours can you work weekly? _____ Can you work nights? _____

When are you available to start? _____

Do you have a legal right to work in the U.S.? YES NO

Are you age 16 or older? YES NO

EDUCATION AND TRAINING

| Type of School | Name of School City/State | Degree Earned? Type of Certificate/Degree | Major area of study |
|-----------------------|------------------------------|--|---------------------|
| High School | | | |
| College | | | |
| Business/Trade School | | | |
| Professional School | | | |

List other training received (special courses, work training program, Armed Forces training etc.)

List special qualifications and skills (licenses, certifications, career accomplishments and skills, etc.)

Have you ever been convicted of a crime? YES NO

If yes, explain number of conviction(s), nature of offense(s), date of offense(s), sentence(s) imposed, and type of rehabilitation:

Do you have a valid driver's license? YES NO

WORK EXPERIENCE

Please list **all** your past work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

| | | | |
|--|----------|--|-------------|
| From Mo/Yr | To Mo/Yr | Employer: | Phone # |
| Job Title: | | Address: | |
| | | City: | State: Zip: |
| Immediate Supervisor: | | Summarize work performed and job responsibilities: | |
| May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No | | | |
| Reason for leaving? | | | |
| From Mo/Yr | To Mo/Yr | Employer: | Phone # |
| Job Title: | | Address: | |
| | | City: | State: Zip: |
| Immediate Supervisor: | | Summarize work performed and job responsibilities: | |
| May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No | | | |
| Reason for leaving? | | | |
| From Mo/Yr | To Mo/Yr | Employer: | Phone # |
| Job Title: | | Address: | |
| | | City: | State: Zip: |
| Immediate Supervisor: | | Summarize work performed and job responsibilities: | |
| May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No | | | |
| Reason for leaving? | | | |

REFERENCES

Please list three persons, other than relatives, who have knowledge of your character and/or ability:

| Full Name | Mailing Address and Email address | Years Known | Phone Number |
|------------------|--|--------------------|---------------------|
| | | | |
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APPLICANT'S AGREEMENT

I hereby affirm that information provided on this application (and accompany resume and documents, if provided) is/are 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 understand that if I am employed by Marshall County Government this "Application for Employment" will not constitute a contract of employment; employment is at-will.

I acknowledge that any offer of employment from Marshall County Government is conditioned upon passing the County's post offer background check, drug screening, and medical examination (if applicable).

I understand that this position is subject to mandatory direct deposit for payment of wages.

I agree to have Marshall County Government perform reference and background checks as necessary for employment consideration with Marshall County Government, I waive any right of privilege, privacy, and/or confidentiality. I may have in the information provided by reference or other whom I have indicated may contacted.

Applicant Full Name: _____

Applicant Signature: _____ Date: _____