

Name: _____
Last First Middle Initial

Date: _____

SEVIER COUNTY GOVERNMENT Application for Employment

To the Applicant: We appreciate your interest in employment with Sevier County Government, and we assure you that we are sincerely interested in your qualifications. In order to get a better understanding of your background, we ask that you fill out this application completely. Your accurate completion of this form will assist us in ensuring that your qualifications will be considered when we are making our staffing decisions. Your application will be retained for a period of one (1) year following your application date. If you wish to be considered for future vacancies, you must notify Personnel Office during the posted application period to activate your application.

Name: _____ Social Security Number: _____ - _____ - _____
Last First Middle Initial

Present Address: _____

Telephone Number: _____ Dates of Military Service if Applicable: _____

Position Desired: _____

When are you available to begin working? _____ What is the minimum wage you could accept? _____

How did you learn of this vacancy? Newspaper ad Sevier County Web page
 Sevier County employee Sevier County Job Line From a friend
 Other: _____

Have you worked for Sevier County Government previously? No Yes
If yes, provide your job title and employment dates: _____

Do you have any relatives currently working with Sevier County Government? No Yes
If yes, give their name and relationship: _____

Have you ever been convicted of a criminal offense? No Yes
If yes, list offense(s) and date(s) of conviction: _____

The existence of a criminal record does not constitute an automatic bar to employment.

Professional or Occupational License(s) you hold: _____

Do you have a valid TN Driver's License (class D)? No Yes
List any other class or endorsement license(s) you have: _____

Have you been found guilty of a moving violation within the past three years? No Yes
If yes, please explain: _____

Education History

Circle the highest grade you completed. Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 Other: BA BS MA MS PhD MD		
Name and Address of Educational Institute(s)	Major Subject	Type of Degree
1)		
2)		
3)		

Employment History: Please list all employers starting with present or most recent employer

Employer's Name:	Employer's Address:	Supervisor's Name:	Job Duties:
Job Title:	Reason for Leaving:	May we contact this employer?	
Hiring Date:	Separation Date:	Employer's phone number:	
Starting Salary:	Ending Salary:		

Employer's Name:	Employer's Address:	Supervisor's Name:	Job Duties:
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Hiring Date:	Separation Date:	Employer's phone number:	
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Job Title:	Reason for Leaving:	May we contact this employer?	
Hiring Date:	Separation Date:	Employer's phone number:	
Starting Salary:	Ending Salary:		

I hereby authorize Sevier County Government to make an investigative report whereby information is obtained through personal interviews with third parties, such as business associates. I understand that I will be required to pass a post-offer physical that includes a drug test. I acknowledge that if I am employed, my employment will be at-will, and can be terminated with or without cause at any time by Sevier County Government or myself.

Signature: _____

Date: _____