

**HAMILTON COUNTY GENERAL GOVERNMENT
AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**



HAMILTON COUNTY GENERAL GOVERNMENT PERSONNEL DEPARTMENT
117 E. 7TH STREET * FRANK NEWELL TOWER
CHATTANOOGA, TENNESSEE 37402
PHONE: (423) 209-6120 * FAX: (423) 209-6121
JOB INFO LINE: (423) 209-6006 * TDD#: (423) 209-6131

SCORE	APPLICATION NO.

DATE	SOCIAL SECURITY NO.	POSITION APPLYING FOR CLASSIFICATION NO.	JOB NAME	
NAME (LAST, FIRST, MIDDLE OR MAIDEN - IF USED ON WORK OR SCHOOL RECORDS)			HOME PHONE	BUSINESS PHONE
STREET ADDRESS			DRIVER LICENSE NO.	STATE
CITY	COUNTY	STATE	ZIP CODE	DATE AVAILABLE

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW? YOU MAY OMIT ONE TRAFFIC VIOLATIONS FOR WHICH YOU PAID A FINE OF \$75.00 OR LESS; AND ANY OFFENSE COMMITTED BEFORE YOUR 18TH BIRTHDAY WHICH WAS FINALLY ADJUDICATED IN A JUVENILE COURT UNDER YOUTH OFFENDER LAW. NOTE: A CONVICTION DOES NOT AUTOMATICALLY MEAN YOU CANNOT BE APPOINTED. WHAT YOU WERE CONVICTED OF AND HOW RECENTLY WILL BE EVALUATED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

YES NO

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM EMPLOYMENT?	WILL YOU ACCEPT TEMPORARY WORK?
<input type="checkbox"/> YES NOTE: IF YES, PLEASE GIVE DETAILS	<input type="checkbox"/> YES (Acceptable or refusal of temporary work does not affect your consideration for other appointments.)
<input type="checkbox"/> NO	<input type="checkbox"/> NO

START WITH YOUR PRESENT POSITION AND WORK BACKWARDS; MILITARY EXPERIENCE MAY ALSO BE INCLUDED. ACCOUNT FOR PERIODS OF UNEMPLOYMENT IN SEPARATE BLOCKS IN ORDER.

MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, AND RECORD OF EMPLOYMENT? (A "NO" ANSWER WILL NOT AFFECT YOUR CONSIDERATION FOR EMPLOYMENT.) YES NO

PRESENT EMPLOYER	DATES OF EMPLOYMENT FROM / / TO / /	EXACT TITLE OR POSITION	NO. OF EMPLOYEES SUPERVISED	SALARY OR EARNINGS	
	EMPLOYING FIRM	AVERAGE HOURS PER WEEK		STARTING \$ _____ PER _____	
	ADDRESS			PRESENTS _____ PER _____	
	CITY, STATE, ZIP			NAME OF IMMEDIATE SUPERVISOR	
	DUTIES - RESPONSIBILITIES			REASON FOR WANTING TO LEAVE	

PREVIOUS EMPLOYER	DATES OF EMPLOYMENT FROM / / TO / /	EXACT TITLE OR POSITION	NO. OF EMPLOYEES SUPERVISED	SALARY OR EARNINGS	
	EMPLOYING FIRM	AVERAGE HOURS PER WEEK		STARTING \$ _____ PER _____	
	ADDRESS			PRESENTS _____ PER _____	
	CITY, STATE, ZIP			NAME OF IMMEDIATE SUPERVISOR	
	DUTIES - RESPONSIBILITIES			REASON FOR LEAVING	

PREVIOUS EMPLOYER	DATES OF EMPLOYMENT FROM / / TO / /	EXACT TITLE OR POSITION	NO. OF EMPLOYEES SUPERVISED	SALARY OR EARNINGS	
	EMPLOYING FIRM	AVERAGE HOURS PER WEEK		STARTING \$ _____ PER _____	
	ADDRESS			PRESENT \$ _____ PER _____	
	CITY, STATE, ZIP			NAME OF IMMEDIATE SUPERVISOR	
	DUTIES - RESPONSIBILITIES			REASON FOR LEAVING	

LIST ANY SPECIAL QUALIFICATIONS AND SKILLS (LICENSES, SKILLS WITH MACHINE OR EQUIPMENT, PUBLIC SPEAKING, MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, TYPING SPEED, ETC.)

IF ADDITIONAL EXPERIENCE BLOCKS ARE REQUIRED, PLEASE USE BLANK SHEETS AND ATTACH TO THIS FORM.

11. EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED GRADE 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12		<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED or CORRESPONDENCE COURSE				YEAR COMPLETED
OTHER SCHOOLS OR TRAINING (TRADE VOCATIONAL MILITARY BUSINESS, ETC.)			LENGTH OF COURSES		YEAR CERTIFICATE COMPLETED	
COLLEGE AND / OR GRADUATE SCHOOL	DATES ATTENDED FROM / TO	NO. HRS COMP. SEM./QTR.	MAJOR	MINOR	DEGREE	YEAR AWARDED
LIST ANY SCHOOL OR COLLEGE HONORS:			LIST ANY ADDITIONAL EXPERIENCE, TRAINING, OR EDUCATION RELATED TO POSITION APPLIED FOR:			
MILITARY SERVICE: HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH			ACTIVE DUTY: FROM / / TO / /		DISCHARGE DATE	

III. 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.

NAME	BUSINESS OR HOME ADDRESS	PHONE NUMBER	BUSINESS OR OCCUPATION

**INFORMATION RELEASE AUTHORIZATION
(Required by Federal Private Act of 1974)**

Notice to Applicant: This is to inform you that as part of our application procedure, an investigation will be made of your background. Your authorization is necessary to process your application.

I _____, hereby authorize the Hamilton County Personnel Department access to any of my Personnel Employment Records, and any other information pertaining to my previous employment. I also authorize any Educational Institution to release my transcripts or any Police Departments to release my Police Records.

Date: _____ Signature: _____

Witness: _____ Witness: _____

I certify that all of the statements made in this application are true, complete, and correct, to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of my application, and if employed could be grounds for termination.

Date: _____ Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

1. PROOF OF EDUCATION <input type="checkbox"/> Y <input type="checkbox"/> N 2. EDUCATIONAL REQUIREMENTS <input type="checkbox"/> Y <input type="checkbox"/> N 3. EXPERIENCE REQUIREMENTS <input type="checkbox"/> Y <input type="checkbox"/> N 4. REFERENCES CHECKED <input type="checkbox"/> Y <input type="checkbox"/> N	EXAMINATION DATE	PROMOTIONAL ENTRANCE	FINAL GRADE	REGISTER NUMBER
	RAW SCORE	WRITTEN	ORAL EXPRESSION	EDUCATION/EXPERIENCE
	PERCENTAGE			PERFORMANCE TEST
	TECHNICIAN SIGNATURE	GRADE		

INTERVIEWER'S COMMENTS: _____

APPLICANT LOG ENTRY COMPLETED
DATE / / BY: _____