

**MADISON COUNTY GOVERNMENT
ROOM 303, MADISON COUNTY COURTHOUSE
JACKSON, TENNESSEE 38301**

APPLICATION FOR EMPLOYMENT

Applicant: Thank you for your interest in our organization. Your application will be considered regardless of race, creed, color, sex, age, national origin or handicap. To enable us to properly evaluate this application, please answer all questions carefully and as completely as possible.

Personal Data:

Name _____
LAST
FIRST
MIDDLE INITIAL

Social Security No. _____ Phone No. _____

Address _____
NO.
STREET
CITY/TOWN
STATE
ZIP

In case of emergency, notify:
 Name _____ Phone No. _____

Address _____

Job Information:

Position applied for _____ Full-time Part-time

Salary/wage desired _____

General Information

U.S. Citizen: _____ Yes _____ No.

Are you under the age of 18? _____ Yes _____ No.

If hired, can you furnish proof of age? _____ Yes _____ No.

Previously employed here? _____ Yes _____ No. If so, when _____

In what department _____ Name of supervisor _____

Education:

Name	City/State	Years Completed	Did you graduate	Degree
Elementary				
High School				
College				
Trade				
Graduate				
Other special training				

References:

List people, not relatives or former employers, who have personal knowledge of your character, experience, and capabilities:

Name/Occupation	Address	Phone No.	Relationship

Experience:

Please provide information covering your complete employment experience, including time spent in military service, if any. Be accurate and account for all of your time. Use the Comments area at the end of this section on Experience to account for any gaps in your employment.

Name and Address of Company

From		To		Starting Salary	Last Salary	Reason for Leaving	Supervisor
Mo.	Yr.	Mo.	Yr.				

In detail, describe the work you did: _____

Phone No. _____

Name and Address of Company

From		To		Starting Salary	Last Salary	Reason for Leaving	Supervisor
Mo.	Yr.	Mo.	Yr.				

In detail, describe the work you did: _____

Phone No. _____

Name and Address of Company

From		To		Starting Salary	Last Salary	Reason for Leaving	Supervisor
Mo.	Yr.	Mo.	Yr.				

In detail, describe the work you did: _____

Phone No. _____

Name and Address of Company

From		To		Starting Salary	Last Salary	Reason for Leaving	Supervisor
Mo.	Yr.	Mo.	Yr.				

In detail, describe the work you did: _____

Phone No. _____

Name and Address
of Company

From		To		Starting Salary	Last Salary	Reason for Leaving	Supervisor
Mo.	Yr.	Mo.	Yr.				

In detail, describe the work you did: _____

Phone No. _____

Comments on your work experience: _____

I hereby give you permission to contact the employers listed above for any relevant information.

Signed _____ Date _____

If there is (are) any employer(s) listed above you do not wish us to contact, please indicate: _____

What types of machines and equipment can you operate? _____

Please give any other information on your experience or abilities which you believe would assist us in evaluating your qualifications: _____

Please read this over carefully and sign your application below.

The answers to the questions contained in this application are true and complete. I understand that any incorrect or misleading information is cause for rejection of this application or dismissal from a job if I have been employed.

I grant permission to the employer to investigate my references, and I authorize my references to provide any information to the County which they deem appropriate. I authorize the County to make an investigative consumer report which may contain information obtained through personal interviews with my friends, neighbors, and acquaintances. If made, this inquiry may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I will have the right to make a written request concerning the nature and scope of any such investigative inquiry.

In consideration for my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the County or myself. Further, I understand that this agreement can only be modified by the County Executive, in writing.

Signature _____ Date _____