Robertson County, Tennessee

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Please Print Clearly. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race religion, sex (including gender, sexual harassment, and discrimination based on pregnancy, childbirth, related medical conditions, breastfeeding, and reproductive health decisions), sexual orientation, gender identity, national origin, age, disability, veteran status, or any other category protected by applicable federal, state, or local laws.

ROBERTSON COUNTY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF I AM HIRED, THE COUNTY OR I MAY TERMINATE THE EMPLOYMENT REALTIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For_____ Date You Can Begin Work if Hired _____

Full Legal Name _____

Telephone Number ( ) _____ - _____ Email Address _____

Present Address_____ How long have you lived there_____/_____
Street, Apt. or Unit No./City/State/Zip Years/Months

Previous Address_____ How long did you live there _____/_____
Street, Apt. or Unit No./City/State/Zip Years/Months

If under the age of 18, can you produce the necessary work certificate, if required, at the time of employment? Yes ☐ No ☐

Type of employment desired? Full-time ☐ Part-time ☐ (Specify Hours) _____

Are you willing to work overtime: Yes ☐ No ☐

Are you willing to work Saturday: Yes ☐ No ☐

Are you willing to work Sunday: Yes ☐ No ☐

Are you willing to travel outside of the area if required: Yes ☐ No ☐

Have you previously applied for employment with Robertson County? Yes ☐ No ☐ If Yes, when did you apply and for what position(s)? _____

Have you ever been employed by the County? Yes ☐ No ☐ If Yes, provide dates of employment, department, and reason for separation from employment.

_____

_____

Education	School Name and Location (Address, City, State)	Did You Graduate?	# of Years Completed	Degree/Major
High School				
College				
Bus./Tech./Trade or Post College				

Do you hold any current licenses or certifications applicable to the role for which you are applying? If so, please list: _____

_____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

_____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present/last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply the firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Attach additional paper if necessary. **Do not reference résumé.**

Employer

_____

Name Address Type of Business

Telephone (_____)_____ - _____ Dates Employed From _____/_____/_____ to _____/_____/_____

Job Title_____ Duties _____

Supervisor's Name_____ May we contact? Yes ☐ No ☐ If No. why not?_____

Reason for Leaving_____

What will this employer say was the reason your employment ended? _____

Employer

_____

Name Address Type of Business

Telephone (_____)_____ - _____ Dates Employed From _____/_____/_____ to _____/_____/_____

Job Title_____ Duties _____

Supervisor's Name_____ May we contact? Yes ☐ No ☐ If No. why not?_____

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Name Address Type of Business

Telephone (_____)_____ - _____ Dates Employed From _____/_____/_____ to _____/_____/_____

Job Title_____ Duties _____

Supervisor's Name_____ May we contact? Yes ☐ No ☐ If No. why not?_____

Reason for Leaving_____

What will this employer say was the reason your employment ended? _____

Please explain fully all gaps in your employment history in excess of one month.

_____

_____

REFERENCES

Please list the names of additional **work-related** references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	ORGANIZATION	TELEPHONE AND/OR EMAIL

Please list the names of **personal** references (not previous employers or relatives) who know you well that we may contact.

NAME	NATURE OF RELATIONSHIP	# OF YEARS KNOWN	TELEPHONE AND/OR EMAIL

APPLICANT CERTIFICATION

I understand and agree if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid Tennessee driver's license and automobile liability insurance in an amount equal to the minimum required by the County or state.

I understand that the County may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the County has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with federal, state, and local law. I also understand that all employees of the location pursuant to the County's policy and federal, state, and local law, may be subject to a urinalysis an/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug test is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the County's policies and applicable federal, state, and local law.

If employed by the County, I understand and agree that the County, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality agreement, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COUNTY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COUNTY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COUNTY, AND I UNDERSTAND THAT THE COUNTY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT –WILL.

I authorize the County or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by the County to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the County or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the County and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this County, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this County. I also understand this County employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

Applicant Signature: _____ Date_____/_____/_____

If the applicant is a minor, the foregoing release and consent must be signed to the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the County, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections or property, without notice, and communicate test results to County personnel who need to know, the applicant, and the applicants legal guardian.

_____ _____

Parent/Legal Guardian Witness

_____ _____

Date Date