



# Application for Employment Sumner County Government

## Human Resources Office

355 North Belvedere Drive ♦ Room 101 ♦ Gallatin, TN 37066

Office: 615-442-1133 ♦ Fax: 615-442-1159

Type of Position Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

### PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	
CURRENT ADDRESS		CITY	STATE	ZIP	COUNTY
HOME PHONE	WORK PHONE		CELL (OPTIONAL)		
E-MAIL ADDRESS			SOCIAL SECURITY NUMBER (OPTIONAL - REQUIRED UPON EMPLOYMENT)		
ARE YOU UNDER THE AGE OF 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		ARE YOU A U.S. CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/>			
DATE AVAILABLE		NAME USED ON TRANSCRIPTS		IF NOT A U.S. CITIZEN, ARE YOU ELIGIBLE FOR LAWFUL EMPLOYMENT IN THE U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
SALARY RANGE DESIRED		<b>PROOF OF IDENTITY, CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED UPON HIRING.</b>			
HAVE YOU EVER BEEN EMPLOYED BY ANY DEPARTMENT OF SUMNER COUNTY GOVERNMENT? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, EXPLAIN IF YES, WHEN? DEPT./POSITION					
HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY LAW VIOLATION OTHER THAN TRAFFIC VIOLATIONS? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, EXPLAIN					
DATE	PLACE	CHARGE	DISPOSITION	EXPLAIN	

### EDUCATION - SKILLS - ABILITIES

Type of School	Name, City & State	Years Attended From/To	Circle Highest Year Completed	Diploma, GED or Degree	List Degree and/or AREA OF CONCENTRATION
High School			9      10	Yes    No	
			11     12		
College (Undergraduate)		To	1      2	Yes    No	
			3      4		
College (Graduate)		To	1      2	Yes    No	
			3      3		
Trade School		To	1      2	Yes    No	
			3      4		

## PROFESSIONAL LICENSURE OR CERTIFICATION

ARE YOU LICENSED TO PRACTICE IN ANY PROFESSION? Yes  No

IF YES, LIST BELOW:

PROFESSION	LICENSE NUMBER	ISSUING AGENCY	EXPIRATION DATE
------------	----------------	----------------	-----------------

PROFESSION	LICENSE NUMBER	ISSUING AGENCY	EXPIRATION DATE
------------	----------------	----------------	-----------------

PROFESSION	LICENSE NUMBER	ISSUING AGENCY	EXPIRATION DATE
------------	----------------	----------------	-----------------

HAS YOUR PROFESSIONAL LICENSE EVER BEEN REVOKED OR SUSPENDED? Yes  No

IF YES, EXPLAIN:

## MILITARY SERVICE RECORD

BRANCH SERVICE	FROM DATE	TO DATE	KIND OF DISCHARGE RECEIVED
----------------	-----------	---------	----------------------------

EXPLAIN ANY SPECIAL MILITARY SCHOOLING RECEIVED THAT WOULD ASSIST YOU TO FULFILL THIS POSITION?

## PREVIOUS WORK EXPERIENCE - PAST FIVE EMPLOYERS (BEGIN WITH MOST RECENT EMPLOYMENT - ADD PAGES IF NECESSARY)

EMPLOYER NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
STREET CITY STATE

STARTING POSITION TITLE \_\_\_\_\_ LAST POSITION TITLE \_\_\_\_\_ LAST SALARY \$ \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
STREET CITY STATE

STARTING POSITION TITLE \_\_\_\_\_ LAST POSITION TITLE \_\_\_\_\_ LAST SALARY \$ \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
STREET CITY STATE

STARTING POSITION TITLE \_\_\_\_\_ LAST POSITION TITLE \_\_\_\_\_ LAST SALARY \$ \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
STREET CITY STATE

STARTING POSITION TITLE \_\_\_\_\_ LAST POSITION TITLE \_\_\_\_\_ LAST SALARY \$ \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**SKILLS AND ABILITIES** PLEASE LIST ANY ADDITIONAL RELATED SKILLS FOR WHICH YOU HAVE TRAINING OR EXPERIENCE.

**OFFICE AND COMPUTER SKILLS:**

LIST SYSTEMS, SOFTWARE AND KNOWLEDGE LEVEL

\_\_\_\_\_

TYPING/KEYBOARDING SPEED \_\_\_\_\_ WPM \_\_\_\_\_ 10-KEY BY TOUCH \_\_\_\_\_ TRANSCRIPTION OTHER \_\_\_\_\_

BILINGUAL SKILLS: VERBAL \_\_\_\_\_ WRITTEN \_\_\_\_\_

OTHER KNOWLEDGE , SKILLS AND ABILITIES RELEVANT TO POSITION TO WHICH YOU ARE APPLYING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION - EXAMPLES INCLUDE CLASSES (INCLUDE DATES), CERTIFICATES, CURRENT LICENSES, SPECIFIC EQUIPMENT AND OTHER SKILLS.**

**REFERENCES**

NAME	ADDRESS, CITY, STATE	PHONE NUMBER
------	----------------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that any false answer or statement made by me on this application or any supplement that I have attached, or in connection with my application for employment with any department of Sumner County Government will be sufficient grounds for rejection of my application or immediate dismissal if I am employed.

I certify that all information listed on my application is complete and accurate to the best of my knowledge. I further understand that I will not be given any opportunity to update my previous experience declarations after I have been employed.

I hereby authorize Sumner County Government and its agents to conduct a thorough investigation of my background, including past employment, and agree to cooperate. I hereby release from liability all persons, companies, institutions or corporations supplying information requested pursuant to this application.

*My signature below indicates that I understand these stipulations.*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: If you are applying for a position for the Sumner County EMS Department or the Sumner County Sheriffs's Office, you MUST complete the section on the Back of this page. Only applicants for either of those two departments are required to complete that information.**

# SUMNER COUNTY EMS DEPARTMENT APPLICANTS ONLY

## SUMMARY

Demonstrate your suitability for position sought by outlining your career objectives and elaborating on the factual material already presented. Show how your experience (educational, extracurricular and work) is relevant to the position, organization, and/or/ field of work for which you are applying.

Please give a brief explanation of your work ethics and habits.

.....  
**THIS SECTION TO BE COMPLETED BY EMS AND SHERIFFS'S DEPARTMENT APPLICANTS ONLY**

**SUMNER COUNTY EMS DEPARTMENT APPLICANTS  
AND  
SUMNER COUNTY SHERIFFS'S DEPARTMENT APPLICANTS**

*TO DETERMINE MY SUITABILITY FOR EMPLOYMENT, I AUTHORIZE THE SUMNER COUNTY EMS DEPARTMENT AND THE SUMNER COUNTY SHERIFF'S DEPARTMENT TO PERFORM BACKGROUND INVESTIGATIONS AS DEEMED APPROPRIATE. I UNDERSTAND THAT THIS MAY INCLUDE CONTACTING ANY INDIVIDUAL OR ORGANIZATION WITH WHOM I HAVE HAD CONTACT AND I AUTHORIZE ALL PARTIES TO FURNISH ANY INFORMATION THEY MAY HAVE. I RELEASE ALL PARTIES, INCLUDING THE SUMNER COUNTY GOVERNMENT AND ANY EMPLOYEES OR AGENTS FROM ANY AND ALL LIABILITY FOR ANY AND ALL DAMAGES WHATSOEVER INCURRED IN FURNISHING THIS INFORMATION.*

*I FURTHER AGREE THAT ALL REPRODUCED COPIES OF THIS STATEMENT AND MY SIGNATURE ARE VALID AS THE ORIGINAL.*

APPLICANTS SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

**NOTE:**

THE SUMNER COUNTY EMS DEPARTMENT AND THE SUMNER COUNTY SHERIFFS'S DEPARTMENT ARE DRUG FREE EMPLOYERS. ALL EMPLOYEES MUST ADHERE TO A NO-TOLERANCE DRUG POLICY, THEREFORE, APPLICANTS SELECTED FOR EMPLOYMENT MUST SUCCESSFULLY UNDERGO A URINALYSIS SCREENING FOR DRUG USE AS A CONDITION OF EMPLOYMENT.

IN ADDITION, CERTAIN POSITIONS REQUIRE APPLICANTS PASS A PHYSICAL, AGILITY ASSESSMENT AND/OR A PSYCHOLOGICAL EXAMINATION BEFORE EMPLOYMENT CAN BEGIN.



## Human Resources Office SUMNER COUNTY GOVERNMENT

355 North Belvedere Drive ♦ Room 101 ♦ Gallatin, TN 37066

615-442-1133 - Office ♦ 615-442-1159 - Fax

### OPTIONAL INFORMATION

#### EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

Completion of this form is *OPTIONAL*. The following information will be used for Equal Employment Statistical information and identification purposes only. The information will have no bearing on your consideration for employment.

This form will be detached from the rest of the Employment Application when it is received by the Human Resources Office and will not be provided to other offices with application form. It would be helpful to us if you provide the following information.

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_

#### Ethnic Background:

- African American/Black     Caucasian/White     Hispanic  
 Asian/Pacific Islander     American Indian/Alaskan Native

Other (specify) \_\_\_\_\_

#### Sex:

- Female     Male

**Date of Birth:** \_\_\_\_\_

#### Veteran:

Of the WWII, Korean, Vietnam or Persian Gulf War     Yes     No

#### Marital Status:

- Married     Single     Divorced

#### Disability or Handicapping Condition?

- Yes     No

**Referral Source:** (Please indicate how you became aware of this job)

- News Examiner     Star News     Tennessean  
 TN Job Source/Career Center  
 Walk-in     Other (please specify): \_\_\_\_\_