



# Application for Employment

## Sumner County Government

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

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
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CURRENT ADDRESS	CITY	STATE	ZIP	COUNTY
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HOME PHONE	WORK PHONE	CELL (OPTIONAL)
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E-MAIL ADDRESS	SOCIAL SECURITY NUMBER <OPTIONAL - REQUIRED UPON EMPLOYMENT>
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ARE YOU UNDER THE AGE OF 18? YES <input checked="" type="radio"/> No <input checked="" type="radio"/>	ARE YOU A U.S. CITIZEN? YES <input checked="" type="radio"/> No <input type="radio"/> IF NOT A U.S. CITIZEN, ARE YOU ELIGIBLE FOR LAWFUL EMPLOYMENT IN THE U.S.? YES <input type="radio"/> No <input type="radio"/>
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DATE AVAILABLE	NAME USED ON TRANSCRIPTS
SALARY RANGE DESIRED	

*PROOF OF IDENTITY, CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED UPON HIRING.*

HAVE YOU EVER BEEN EMPLOYED BY ANY DEPARTMENT OF SUMNER COUNTY GOVERNMENT? YES  No  IF YES, EXPLAIN IF YES, WHEN? DEPT./POSITION

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY LAW VIOLATION OTHER THAN TRAFFIC VIOLATIONS? YES  No  IF YES, EXPLAIN

DATE	PLACE	CHARGE	DISPOSITION

### 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		

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**PROFESSIONAL LICENSURE OR CERTIFICATION**

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ARE YOU LICENSED TO PRACTICE IN ANY PROFESSION? YES  No 

IF YES, LIST BELOW:

PROFESSION	LICENSE NUMBER	ISSUING AGENCY	EXPIRATION DATE

HAS YOUR PROFESSIONAL LICENSE EVER BEEN REVOKED OR SUSPENDED? YES   
IF YES, EXPLAIN:

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**MILITARY SERVICE RECORD**

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BRANCH SERVICE FROM DATE To DATE KIND OF DISCHARGE RECEIVED

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

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

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EMPLOYER NAME FROM To  
MONTH/YEAR MONTH/YEARADDRESS 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/YEARADDRESS PHONE NUMBER  
STREET CITY STATE

STARTING POSITION TITLE LAST POSITION TITLE LAST SALARY \$

DESCRIPTION OF DUTIES

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DESCRIPTION OF DUTIES

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EMPLOYER NAME FROM To  
MONTH/YEAR MONTH/YEARADDRESS 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 \_\_\_\_\_ 10-KEY BY TOUCH \_\_\_\_\_ TRANSCRIPTION OTHER \_\_\_\_\_  
WPM

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, Sumner County Emergency Communications Center, Health Department or the Sumner County Sheriff's Office, you **MUST** complete the section on the Back or Next page. **ONLY** applicants for those three departments are to complete that information.

SUMNER COUNTY EMS DEPARTMENT APPLICANTS ONLY

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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.

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SECTION TO BE COMPLETED BY SUMNER COUNTY HEALTH DEPARTMENT APPLICANTS ONLY

*TO DETERMINE MY SUITABILITY FOR EMPLOYMENT, I AUTHORIZE THE SUMNER COUNTY HEALTH DEPARTMENT THROUGH THE TENNESSEE DEPARTMENT OF HEALTH 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 TENNESSEE DEPARTMENT OF HEALTH, 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 ANY MY SIGNATURE ARE VALID AS THE ORIGINAL.*

APPLICANT SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY EMS, ECC, HEALTH DEPARTMENT AND SHERIFF'S OFFICE APPLICANTS ONLY

SUMNER COUNTY EMS DEPARTMENT or  
EMERGENCY COMMUNICATIONS CENTER,  
HEALTH DEPARTMENT APPLICANTS AND  
SUMNER COUNTY SHERIFF'S OFFICE APPLICANTS

*TO DETERMINE MY SUITABILITY FOR EMPLOYMENT, I AUTHORIZE THE SUMNER COUNTY EMS DEPARTMENT, SUMNER COUNTY EMERGENCY COMMUNICATIONS CENTER, HEALTH DEPARTMENT, AND THE SUMNER COUNTY SHERIFF'S OFFICE 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.*

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*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, SUMNER COUNTY EMERGENCY COMMUNICATIONS CENTER, HEALTH DEPARTMENT AND THE SUMNER COUNTY SHERIFF'S OFFICE 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.