



# Sullivan County Government

## Blountville, Tennessee

### Application For Employment

**TO ALL APPLICANTS:** (1) Please use *blue or black ink or typewriter* when completing application.  
(2) Please be sure to complete application in full.  
(3) If space is inadequate for completion, please attach a separate sheet.  
(4) Please provide copies of college or technical school transcripts.

Date of Application \_\_\_\_\_

Position(s) You Are Applying For: \_\_\_\_\_

Full-Time  Part-Time  Temporary What date would you be available for work? \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
House Number & Street City State Zip Code

Home Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Valid:  Yes  No

#### EDUCATION

**High School:** \_\_\_\_\_ Graduate or GED?  Yes  No

Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

**College or University:** \_\_\_\_\_

Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree or Major: \_\_\_\_\_

**Technical, Trade or Business School:** \_\_\_\_\_

Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Degree or Major: \_\_\_\_\_

## REFERENCES

Give the name, address, and telephone number of four personal references. Do not list former employers or relatives.

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

**Present or Most Recent Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

YOU MAY BE ASKED TO PROVIDE ADDITIONAL EMPLOYMENT INFORMATION

## SPECIAL SKILLS AND/OR QUALIFICATIONS

Briefly describe any special job-related skills acquired either by special training, by serving in the U.S. Military or by other employment.

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Can you provide proof of U.S. Citizenship or appropriate Visa status?     No     Yes

Have you ever filed an application with Sullivan County?     No     Yes, when? \_\_\_\_\_

Have you ever been employed with Sullivan County?     No     Yes, when? \_\_\_\_\_

Are you currently employed?     No     Yes

Are you currently on lay off status and subject to recall?     No     Yes

May we contact your current employer?     No     Yes

Have you been convicted of a felony within the last seven years?     No     Yes, please explain below.

(Conviction will not necessarily disqualify you from employment.) \_\_\_\_\_

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## APPLICANT'S STATEMENT

I certify that answers given within this application are true and complete to the best of my knowledge.

I authorize the investigation of all statements, as may be necessary, contained in this application in arriving at an employment decision.

I understand that this application will be considered active for a period of six months.

I hereby understand and acknowledge, unless otherwise defined by applicable law, any employment relationship with Sullivan County is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing and authorized by the Sullivan County Board of County Commissioners.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge.

I further understand that I am required to abide by all rules and regulations as outlined in the Sullivan County Employee Handbook.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date