



Personal Data

Application for Employment

<small>(First)</small>	<small>(Middle)</small>	<small>(Last)</small>	<small>(Nickname)</small>		
Name:				Social Security Number: - -	
Address:		City:		State:	Zip:
Main Phone #:		Alternate Phone #:		Email:	
Date Available:		Have you ever applied with Madison County Government? <input type="checkbox"/> yes <input type="checkbox"/> no Date: Department:		Legal right to work in U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no	
How did you hear about us?		<input type="checkbox"/> Employment Security <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Referred by Department _____ <input type="checkbox"/> Friend (not an employee) <input type="checkbox"/> Radio _____ <input type="checkbox"/> Referred by Employee _____ <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Job Fair _____ <input type="checkbox"/> Other _____			
Birthday Month: Day:			Are you at least 18 years of age? <input type="checkbox"/> yes <input type="checkbox"/> no		

Emergency Contact: _____ Phone: _____

Availability

What is the desired pay you will accept? \$ _____/hr \$ _____/yr What position are you applying for? _____ Are you interested in Full-time or Part-time? Previously employed? Department _____ Supervisor _____ Are you a US Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	Days available to work: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Hours available to work: <input type="checkbox"/> 1st shift: _____ <input type="checkbox"/> Other: _____
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Education

Name of School	City, State	Major Course of Study	Highest Grade/Level Completed	GPA

Personal References: List people (not relatives) who know you and your work.

Name	Occupation	Address	Phone Number	Relationship

employment History: Give a complete and accurate full-time & part-time employment record. Start with your present or most recent employer.

Company Name: _____ Start (mo/yr): _____ / _____ End (mo/yr): _____ / _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Wage: \$ _____

Job Duties: _____

Supervisor's Name: _____ Telephone Number: (_____) _____

Reason for Leaving: _____ May we contact for reference? yes no

Company Name: _____ Start (mo/yr): _____ / _____ End (mo/yr): _____ / _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Wage: \$ _____

Job Duties: _____

Supervisor's Name: _____ Telephone Number: (_____) _____

Reason for Leaving: _____ May we contact for reference? yes no

Company Name: _____ Start (mo/yr): _____ / _____ End (mo/yr): _____ / _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Wage: \$ _____

Job Duties: _____

Supervisor's Name: _____ Telephone Number: (_____) _____

May we contact for reference?

Reason for Leaving: _____ yes no

Comments on your work experience:

conditions for acceptance of employment

By signing below, I agree that the information given on this application for employment is true and correct to the best of my knowledge. I understand that any omission, false or misleading statements made by me on this application, during an employment interview or in connection with any physical examination will be grounds for the Company to refuse to consider me for employment, revoke an offer of employment or constitute grounds for dismissal in the event I am employed. This is not an offer for or a contract for employment. This application will remain on file for one (1) year.

Madison County, Tennessee is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

Signature of Applicant

Date