

APPLICATION FOR EMPLOYMENT

LOUDON COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, GENETIC INFORMATION OR VETERAN STATUS IN EMPLOYMENT OPPORTUNITIES AND BENEFITS.

PURSUANT TO THE TENNESSEE NON-SMOKER PROTECTION ACT, LOUDON COUNTY IS A SMOKE-FREE WORK ENVIRONMENT.

Overview of the hiring and employment process: This Application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, including this application, please call the following number: (865) 458-2722.

- Loudon County reserves the right to check all information provided for accuracy and completeness.
-All applications for employment are a matter of public record.

GENERAL INFORMATION

Date: Position Desired:

Are You Applying For: Fulltime Part-time Seasonal

If Part Time, What Days/Hours Are You Available:

Have You Applied With Loudon County Before? (circle) Yes No

Have You Been Employed by Loudon County Before? (circle) Yes No

PERSONAL INFORMATION

Your Name: Last First Middle

Phone #: Home: Business:

Address: Number Street

City State Zip Code

Do You Have A Legal Right To Work In The U.S.? (circle) Yes No

Are Your Over The Age of 18? (circle) Yes No

Have You Ever Been Convicted of a Crime Other Than a Minor Traffic Violation? (circle) Yes No

Are You Required to Register in Any Jurisdiction as a Sex Offender? Yes No

Applicants for positions with Loudon County's Juvenile Service and Detention Center must disclose all pending criminal charges of any kind. If you have pending criminal charges in any jurisdiction, give details.

If the answer to any of the above criminal history questions is yes, please give a complete explanation of the circumstances and reason(s) why your employment is appropriate in spite of the conviction (and if applicable, the charge).

PERSONAL INFORMATION (Cont'd)

(Note: A prior record of criminal conviction does not always operate as an automatic bar to employment for all positions.)

(Note also: Providing false criminal or administrative investigatory information in connection with an application for certain positions may subject you to criminal prosecution.)

Have You Ever Been Discharged, Fired or Terminated From
Any Position For Reasons Other Than Lack of Work? (circle) Yes No
If Yes, Please Explain: _____

EDUCATION AND TRAINING

High School Attended: _____
_____ City _____ State

Do You Have A High School Diploma? (circle) Yes No

Please List Other Education You Have Received:

College/University/ Trade or Business Schools Attended	City/State	Degree Earned? Type Degree	Major Area of Study

List Other Training Received (special courses, work training programs, armed forces training, etc.).

List Special Qualifications and Skills (licenses, skills with machines, patents or inventions, publications, etc.).

Are you able to perform the essential functions of the job for which you've applied with or without reasonable accommodation?

_____ Yes
_____ No

REFERENCES

Please list three or four persons, other than relatives or former employers who have knowledge of your character and/or abilities:

Name	Mailing Address	Years Known	Phone

PRIOR EMPLOYMENT RECORD

List Below All Present and Past Employment Information and/or Substantive Volunteer Work:

Name and Address of Current or Most Recent Employer: _____

Phone Number: _____

Your Supervisor: _____

Your Job Title/Responsibilities: _____

Date Hired: _____ Date Left: _____

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

May we contact this employer?: (circle) Yes No

Name and Address of Current or Most Recent Employer: _____

Phone Number: _____

Your Supervisor: _____

Your Job Title/Responsibilities: _____

Date Hired: _____ Date Left: _____

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

May we contact this employer?: (circle) Yes No

Name and Address of Current or Most Recent Employer: _____

Phone Number: _____

Your Supervisor: _____

Your Job Title/Responsibilities: _____

Date Hired: _____ Date Left: _____

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

May we contact this employer?: (circle) Yes No

***** IMPORTANT - READ CAREFULLY BEFORE SIGNING *****

In consideration of my hire and, if hired, of my continued employment, I agree that any claim or lawsuit relating to or arising out of my employment with Loudon County must be filed no more than 180 days after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I agree that claims based upon repeated or multiple occurrences of the same conduct (e.g., pay issues) do not extend the deadline established in this paragraph.

Applicant Signature Date

***** IMPORTANT*****

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for termination if discovered at a later date.

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Applicant Signature Date

APPLICANT OR EMPLOYEE AUTHORIZATION and RELEASE

Read and complete the following:

1. I understand that Loudon County, when considering my application for employment, when making a decision whether to offer me employment, when deciding whether to continue my employment (if I am hired), and when making other employment-related decisions directly affecting me, may wish to obtain information regarding my character, work habits, performance, educational background and experience, along with termination of past employment. I understand that Loudon County may be requesting information from public and private sources about my education, credentials, criminal history records, references, and driving record (MVR). I further understand that if a conditional offer of employment is made, Loudon County may be requesting information from such sources about my worker's compensation injuries. I also understand that, if applicable, Loudon County will periodically review my driving record to determine continued eligibility to drive a County vehicle. (As a driver of a County vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.) **If the County conducts background checks through consumer reporting agencies and obtains consumer reports, it shall do so in conformity with the Fair Credit Reporting Act.**
2. I understand and agree that if I am an applicant for any position requiring access to children in a child care program or detention center, that records relating not only to criminal convictions, but to pending criminal charges of any kind, convictions resulting in suspended or reduced sentences and to any investigations by the Department of Children's Services and/or the Department of Health, shall be obtained. If I am applying for a position involving direct care of and/or contact with elderly or disabled individuals under Tenn. Code Ann. § 71-2-111, I understand that, in addition to a criminal history check, Loudon County will verify whether I am listed as a person who has abused, neglected or misappropriated the assets of a client under the Vulnerable Persons Registry. If I am applying for a position with the County Health Department, I understand and agree that, in addition to a criminal history check and verification under the Vulnerable Person's Registry, my name will be checked against the list of debarred individuals maintained by the Office of Inspector General with the U.S. Department of Health and Human Services.
3. If I am applying for a position requiring proximity to school children under Tenn. Code Ann. § 49-5-413 or access to children in a child care agency or detention center as described by Tenn. Code Ann. § 37-5-109, I agree to provide fingerprint samples for the purpose of verifying my criminal history information.
4. Medical and workers' compensation information will only be requested in compliance with the Americans with Disabilities Act (ADA) and/or any other applicable state law after a conditional offer of employment.
5. I understand that this authorization is not an offer of employment by Loudon County and that any false or misleading information I have provided to Loudon County may result in a refusal to hire, promote, reassign or continue employment. I further understand that providing false or misleading information in connection with my criminal or administrative investigative history for positions involving proximity to school children or access to children in a child care program or detention center may subject me to prosecution, and that any such falsification shall be reported to the District Attorney General.
6. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform Loudon County, in writing, that I wish to revoke this authorization.
7. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
8. By my signature below, I hereby authorize, without reservation, any law enforcement agency, public agency including the Social Security Administration (SSA), institution, school, employer, reference or insurance company contacted by Loudon County to furnish the information described in Section 1 and, if applicable, Section 2, 3 and 4.
9. I hereby authorize Loudon County to obtain all information described in Section 1 and, if applicable, Sections 2, 3 and 4, and release Loudon County, the SSA, and their agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and release.

Signature

Today's Date

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records.

Please print your full name Dates used

Please print other names you have used Dates used

Present address City State & Zip Code How long at this address

Previous address City State & Zip Code How long at this address

Previous address City State & Zip Code How long at this address

Social Security Number Date of Birth

Driver's License Number Issuing State Expiration Date Name as it appears on license

Signature Today's Date