



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 despite the conviction (and if applicable, the charge).

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**PERSONAL INFORMATION (continued)**

*\*A prior record of a criminal conviction does not always operate as an automatic bar to employment for all positions.*

*\*\*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 GED? Yes No

Please List Other Education You Have Received:

College/University/Trade or Business School Attended	City and State	Degree/Certificate Earned	Major Areas 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 3 or 4 persons, other than relatives or former employers, who know 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 on repeated or multiple occurrences of the same conduct (e.g., pay issues) does 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.

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 employment application, when deciding 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 workers' 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 safely 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 childcare program or detention center, 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 childcare agency or detention center as described by Tenn. Code Ann. § 37-5-109, I agree to provide fingerprint samples to verify 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 childcare 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 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 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 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 the license

\_\_\_\_\_  
Signature Today's Date