

**COFFEE COUNTY GOVERNMENT**

Human Resources  
 1329 McArthur Street, Manchester, TN 37355  
 Phone (931) 723-5105 Fax (931) 723-1401  
[www.coffeecountytn.org](http://www.coffeecountytn.org)

**APPLICATION  
 FOR EMPLOYMENT**  
 (An Equal Opportunity Employer)

Coffee County TN Government is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, veteran status, physical or mental disability, or any other legally protected status, and we request that you exclude any information which might indicate any of the above.

**(Please Print Neatly)**

Position or Type of Work Desired (1)				Salary Expected?
Position or Type of Work Desired (2)				When Available?
Name in Full (PRINT)	Last	First	Middle	Social Security # (Last 4 Digits)
Present Address	Street	City	State	Zip
Telephone #	Home	Work	Other	
Email Address				

**EDUCATION AND TRAINING**

WE MAY REQUIRE PROOF OF CLAIMED EDUCATION BEFORE FINALIZING A JOB OFFER			CIRCLE HIGHEST GRADE COMPLETED															
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16+
High School	City / State	Graduated (Circle) YES NO	If you did not graduate from High School, did you complete the G.E.D.? YES NO															
College	City / State	YES NO	Major				Minor				Degree							
Post Graduate	City / State	YES NO	Major				Minor				Degree							

**EMPLOYMENT HISTORY**

Employer – Last or Present	Address	Date Start	Date Finish
Kind of Business	Reason for Leaving	Salary Start	Salary Finish
Position	Equipment Operated	Name of Immediate Supervisor	
Duties	May we contact this Employer? YES NO		

Employer – Previous	Address	Date Start	Date Finish
Kind of Business	Reason for Leaving	Salary Start	Salary Finish
Position	Equipment Operated	Name of Immediate Supervisor	
Duties	May we contact this Employer? YES NO		

Employer – Next Previous	Address	Date Start	Date Finish
Kind of Business	Reason for Leaving	Salary Start	Salary Finish
Position	Equipment Operated	Name of Immediate Supervisor	
Duties	May we contact this Employer? YES NO		

**If additional experience blocks are needed, please use extra sheets and attach to this form.**

A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

**REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETE TO BE VALID**

**GENERAL INFORMATION**

Have you submitted a previous application for employment with Coffee County Government? YES NO If yes, when? \_\_\_\_\_

Are you a military veteran? YES \_\_\_\_ NO \_\_\_\_  
 Branch of Service \_\_\_\_\_ Rank when Discharged? \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Are you interested in Temporary (Seasonal) Work? YES \_\_\_\_ NO \_\_\_\_ Do you have a legal right to work in the United States: YES \_\_\_\_ NO \_\_\_\_  
 Would you work? Full Time \_\_\_\_ Part Time \_\_\_\_ If Part Time: Days \_\_\_\_\_ Hours \_\_\_\_\_

Have you previously worked for Coffee County Government? YES \_\_\_\_ NO \_\_\_\_  
 IF YES: WHEN (Date) From: \_\_\_\_\_ To: \_\_\_\_\_  
 POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Are any of your relatives (by blood or marriage) presently employed by Coffee County Government? YES \_\_\_\_ NO \_\_\_\_  
 IF YES: NAME OF RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_

Do you currently have a valid driver's license? YES \_\_\_\_ NO \_\_\_\_  
 IF YES: State of Issue \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

To enable us to check on your work and educational record, have you ever changed your name or used an assumed name or nickname?  
 YES \_\_\_\_ NO \_\_\_\_  
 IF YES, provide other names and nicknames: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? YES \_\_\_\_ NO \_\_\_\_  
 IF YES, list below:

Date	Place	Convicted Of	Disposition

To assist us in finding the proper position for you, use the space below to summarize any additional information necessary to describe your full qualifications, such as special training or skills and career goals. If you are aware that a position you are interested in has special requirements, please indicate that you meet those requirements.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our policy regarding drugs in the work place: Coffee County Government is committed to protecting the health and safety of its employees. Our policy prohibits the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or illegal controlled substances on county premises or while conducting business off county premises. It is also against our disciplinary rules to report to work with impaired ability as the result of, or signs of recent prior use of, alcohol or illegal controlled substances. Employees who are required to take prescription and/or over the counter medications shall notify the proper supervisory personnel before the employees go on duty. In addition, all employees must comply with the Tennessee "Non-Smoker Protection Act", which prohibits smoking in certain places of employment.

As part of our pre-employment examination, we require that prospective employees undergo a drug screening. Those individuals who test positive for (that is, showing signs of prior use) illegal controlled substances (e.g. stimulants, depressants, hallucinogens, opiates, or non-prescription medications and/or abuse of legal and/or prescription drugs) will not be hired by Coffee County Government.

**PLEASE READ CAREFULLY**  
***Applicant's Certification & Agreement***

I understand that the filing of this application merely places my name in consideration for employment and in no way guarantees me a job or a right to any job. I further understand that any falsification or omission of a material fact as stated or implied, in my application, other employment documents, or interview(s) may be sufficient reason for not hiring me and/or termination of employment.

I authorize Coffee County Government to accomplish whatever background investigation is deemed necessary, authorize all parties to furnish the County with any and all information they may have concerning me, and release all such parties from any and all liability for any and all damages whatsoever incurred in furnishing this information. I agree to conform to Coffee County Government's drugs in the workplace policy and agree to submit to drug tests as a condition of my employment.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT  
*Application must be signed to be valid.*

\_\_\_\_\_  
 DATE

Thank you for completing this application form and for your interest in employment with us.  
 We would like to assure you that your opportunity for employment will be based only on your merit and no other consideration.