

*Montgomery County Government*  
**APPLICATION FOR EMPLOYMENT**

Montgomery County Government is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

**INTRODUCTORY INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT QUESTIONS:**

**Position Applied for:** \_\_\_\_\_ **Date Available:** \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.?       Yes     No

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation?       Yes     No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness, and nature of the violation, and rehabilitation will be taken into account.

Were you previously employed by us?       Yes     No

Have you ever served in the Armed Services of the United States?       Yes     No

**BRANCH AND DATES OF SERVICES:** \_\_\_\_\_

**EDUCATION:**

High School or last grade completed:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

College or Technical School

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Other Schooling or Training

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

List positions starting with most recent:

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES:** (Do not include relatives)

| Name     | Occupation | Years Known | Address |
|----------|------------|-------------|---------|
| 1. _____ | _____      | _____       | _____   |
| 2. _____ | _____      | _____       | _____   |
| 3. _____ | _____      | _____       | _____   |

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with Montgomery County Government is at-will, meaning that I or Montgomery County Government may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Montgomery County Government to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Montgomery County Government, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Montgomery County Government requires the successful completion of a pre-employment physical, drug screen, and background check.

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION

### Applicant Tracking Form

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. This page is separated from your application immediately upon being received, and will be kept confidential. This form is to be completed voluntarily and failure to do so will not have an effect on the application process.

**Name:** \_\_\_\_\_ **Gender:**  Male  Female

**Ethnic Group: (please check one):**

Hispanic or Latino – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups, found below)

Non-Hispanic/Latino (if this category is checked, please select from the racial groups found below)

**Racial Groups: If Non-Hispanic/Latino was selected above, please check one of the below race categories:**

White (Not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East

Black or African American (Not of Hispanic origin): All persons having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian (Not Hispanic or Latino) – all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

American Indian or Alaskan Native (Not Hispanic or Latino) - all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment

Two or More Races (Not Hispanic or Latino) – all persons who identify with more than one of the above races

**Decline Self Identification: If you do not wish to self identify your gender, ethnicity or race please check the box below**

I do not wish to self identify

**This information is submitted voluntarily, will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance purposes and will not influence the application or hiring process.**

# Montgomery County Government

## Department of Human Resources

1 Millennium Plaza ▪ Suite 111

Clarksville, TN 37041

### AUTHORIZATION FOR LOCAL, STATE, OR FEDERAL GOVERNMENT TO RELEASE INFORMATION TO MONTGOMERY COUNTY GOVERNMENT

I, \_\_\_\_\_, the undersigned, hereby waive my rights under the Privacy Act, 5 U.S.C. §552a (supp. IV, 1974), and authorize the disclosure of any and all information maintained by any government agency subject to the Privacy Act, which such agency sees fit to convey, either orally or in writing to Montgomery County Government or its designated representative. I hereby waive any rights I may have under the Privacy Act to prior notice of such disclosure or of any rights I may have to an accounting of such disclosure.

I understand that this consent will be used by Montgomery County Government to request disclosure of information pertaining to me from any or all Local, State or Federal agencies. I understand that the scope of the information may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records and any other public records.

This information is to be obtained for the purpose of conducting a pre-employment background investigation. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Print Full Name: \_\_\_\_\_

Print Maiden or Other \_\_\_\_\_

Name(s) Used: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**Please Note:** Answers to any of the following questions does not automatically disqualify any applicant.

Do you possess a valid driver's license? Yes  No

Do you possess a valid commercial driver's license? Yes  No

Have you ever been fired from a job or resigned to avoid dismissal? Yes  No

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea? Yes  No

**Warning to Applicants:** By your signature you are certifying that the information you have provided is truthful and complete.

Falsification of information can result in denial of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

|                                       |                              |
|---------------------------------------|------------------------------|
| Department                            | _____ No Record Found        |
| Position                              | _____ Record Attached        |
| Will operate a county vehicle?        | _____ Active Warrant on File |
| Authorized Signature _____ Date _____ |                              |