

Hawkins Country Government

Application for Employment

an Equal Opportunity Employer

150 East Washington Street Rogersville, TN 37857

	All	portions of this application p	ertaining to you must be complete	ed.	
Full Legal Na	me	Position for	Position for which you are applying		Date
Mailing Addi	ress	City	State Zip		
Email Addres	ss	Phone Nu	mber		
Are you at I	least 18 years of age with the legal	right to work in the Ur	nited States?		
Can you pe	rform the essential functions relate	ed to the position for w	vhich you are applying?		
f employm	ent is offered, what is the first avail	lable date you can star	t work?		
Have you p	reviously been employed with Haw	kins County? If yes, De	epartment and Supervisor-		
lave you e	ver been convicted of a misdemear		e details, including state and co	ounty of convict	ion.
ducation	SCHOOL NAME	ADDRESS	NO. YEARS ATTENDED	DEGREE	MAJOR
HIGH	SCHOOLIVAIVE	ADDITESS	NO. TEARS AFTERDED	DEGREE	WASK
TECH./COLLE	EGE .				
OTHER					
Employmer	nt - (Most recent employer first) –	Please attach resume.			
DATES	NAME AND ADDRESS OF EMPLOYYER	JOB TITLE AND	BRIEF DESCRIPTION OF DUTIES	SALARY	EXACT REASON FOR LEAVING
FROM:				FROM:	
TO:				TO:	MAY WE CONTACT?
					Yes
FROM:				FROM:	
TO:				TO:	MAY WE CONTACT?
					☐ Yes
FROM:				FROM:	
TO:				TO:	MAY WE CONTACT?
					Yes
FROM:				FROM:	
TO:				TO:	MAY WE CONTACT?
					Yes

Full Legal Name	Page 2
List any Experience, Qualifications, and Trade, Craft, Technical ar	nd Clerical skills or training you possess.
Employment Record (Most recent employer first) – Please attach	n resume.
misrepresentation of any detail is grounds for disqualification from furth will not be held liable in any respect if any employment offer is not tend regulations and laws of Hawkins County and the State of Tennessee, and without cause, with or without notice, at any time. I further understand include blood, urine, or saliva tests to determine the presence or use of subject to routine drug and alcohol tests, and failure to comply or pass t give Hawkins County permission to contact any or all previous employer employers in order to be considered for employment. I further understa driving record and evidence of legal right to work in the United States. A	est of my knowledge, and I understand falsification, omission, failure to disclose or her consideration or dismissal from employment. I acknowledge Hawkins County hered or withdrawn or my employment is terminated. I agree to conform to all rules if I understand my employment and compensation can be terminated, with or if offered employment, I may be required to take a physical examination which ma alcohol or controlled substances. During my employment, I understand I may be tests may result in immediate termination. I understand by signing this application, is, and I am required to provide complete and correct information of former and I may be required to provide proof of a valid driver's license with an insurable additionally, I acknowledge and agree to work days and/or hours other than those aining pertaining to the position, adequately pass routine performance evaluations job description.
Signature of Applicant.	Date