

We are an Equal Opportunity and Affirmative Action Employer committed to excellence through diversity. All qualified applicants will receive equal consideration for employment and admission without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, genetic information, veteran status, and parental status.

# Humphreys County Government

Room 1, Rawlings Building  
 102 Thompson Street  
 Waverly, TN 37185  
 (931) 296-7795

**Employment Application:** Please type or print legibly. Applications with missing or invalid information will not be considered for any position. While attaching a resume is encouraged, it does not take the place of fully completing this application.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last First MI

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 \_\_\_\_\_  
 City State Zip Code

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

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mobile Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Applying For: \_\_\_\_\_

Are you a citizen of the United States? .....  Yes  No  
 If no, please list what authorization you have to work in the U.S.: \_\_\_\_\_

Are you 18 years of age or older? .....  Yes  No

Have you ever been employed by Humphreys County Government? .....  Yes  No  
 If yes, list dates, department and job title: \_\_\_\_\_

Do you have a valid driver's license? .....  Yes  No  
 If yes, please list state, license # and expiration date: \_\_\_\_\_

## Education

	Name of School	City/State	Did you graduate? Yes or No	Graduation Date	Degree Received
High School					
GED					
Other					
College					
College					

**SKILLS:** Please list all technical, clerical, trade and any other skills relevant to this position. Include any familiar computer systems and software packages necessary for this position and your level of proficiency (basic, intermediate, expert).

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**References:** Please list three (3) professional references and their valid contact information.

- 1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
- 2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
- 3. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Previous Employment:** Please list your work history for the past ten (10) years, with your current or most recent employer first. You may attach additional sheets, if necessary. Omission of any prior employment may be considered falsification of information. Please explain any gaps in employment. Humphreys County Government reserves the right to contact all current and former employers for reference information.

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Employed From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Reason for Leaving: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Employed From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Reason for Leaving: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Employed From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Reason for Leaving: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

*I certify that the information contained in this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete, giving misinformation or omitting facts on this application may disqualify me for employment or be a cause for termination if discovered at a later date. I authorize Humphreys County to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former/current employers, without liability, to make full response to any inquiries regarding this application. If requested, I agree to submit to a physical exam, criminal and credit background check and or drug screening upon conditional offer of employment. I understand that this application is NOT an offer of employment and that an offer of employment, if received, does NOT constitute a contract for continuous guaranteed employment. I understand that employees of Humphreys County serve at-will and that employment may be terminated at any time by either party for any or no reason, other than a reason prohibited by law. If employed, I agree to furnish all requested documents, including proof of eligibility to work in the United States, and to comply with company and departmental rules and regulations. I understand that if I am employed on a temporary or part-time basis, I would be paid for hours worked only and would be ineligible for benefits, including paid time off. If employed on a permanent, full-time basis, I understand that I will be required to make mandatory contributions to the Humphreys County Retirement System. I understand that any benefits I may receive may be subject to change or discontinue at any time without prior notice. I understand that the first six months of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without the right to appeal.*

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date