



SHELBY COUNTY GOVERNMENT HUMAN RESOURCES

Room 901, 160 N. Main, Memphis, Tennessee 38103

Phone (901) 545-4342

website: <http://jobs.shelbycountyttn.gov>

EMPLOYMENT APPLICATION

DATE OF APPLICATION			LAST 4 DIGITS of SSN			JOB NUMBER			OFFICE USE ONLY APPLICANT ID NUMBER					
POSITION TITLE			EMAIL ADDRESS											
NAME														
LAST				FIRST					MI					
PRIMARY ADDRESS (Mailing Address)														
STREET										APT #				
CITY				STATE				ZIP						
SECONDARY ADDRESS (Mailing Address)														
STREET										APT #				
CITY				STATE				ZIP						
HOME PHONE #			AREA CODE ()			ALT. PHONE # ()			AREA CODE ()					
CHECK IF YOU HAVE PREVIOUS OR CURRENT EMPLOYMENT WITH THE FOLLOWING:														
<input type="checkbox"/> SHELBY COUNTY FROM ____ TO ____						<input type="checkbox"/> CITY OF MEMPHIS FROM ____ TO ____								

Shelby County Government will, on request, provide reasonable accommodation to a disabled applicant who may need such accommodation to complete the application process.

- An Equal Opportunity Employer -

ATTENTION ALL APPLICANTS

This statement constitutes part of the application. All requested information on this form must be accurately and completely provided to be considered for this position.

- Please be aware that the information you provide is all that is available for the job screening process. Be specific in your experience, training and/or education.
- Print or type only. Write N/A where requested information is not applicable.
- Additional information should be attached to this application.
- The applicant must return this application before the closing date of the job applied for.
- Federal law requires that all new employees provide proof of identity and employment eligibility at the time of employment. If you are hired, you must be able to provide one of the following:
 - A U.S. Passport
 - A certificate of U.S. citizenship
 - A certificate of naturalization
 - An unexpired foreign passport with attached employment authorization
 - An alien registration card with photograph **OR**
 - If you are hired and do not have any of the above documents, you will be required to provide the following:
 - Valid Driver's License
 - State issued photo ID card
 - U.S. Military card **AND**
 - Original Social Security Card (**NO EXCEPTIONS**)
 - An unexpired INS employment authorization
 - Copy of voided check or deposit slip
- Permanent residency in Shelby County is a condition of employment for all new employees.
- All Shelby County employees must receive their payroll check through direct deposit as a condition of employment.

BACKGROUND INVESTIGATION NOTIFICATION

To Employment Applicants:

As part of the hiring process, we will be checking your references. We may contact those persons whom you have identified to us as potential references. In addition, we may also contact friends, acquaintances, business associates and anyone else who knows something about you. When we contact a reference, we may ask him or her questions about your personal background, education, work experience, character, personality and personal habits. We may use an outside firm to check references. If we do, under the Federal Fair Credit Reporting Act, we are required, upon your written request, to provide you with the name and address of the firm that is checking your references so that you may contact it for further information.

I have read and fully understand the foregoing. I hereby voluntarily consent to allow *Shelby County* or any of its officers, employees, agents or designees to check my references by contacting any person whom they deem to be an appropriate reference in asking any questions which they consider relevant to their hiring decision, including questions about my personal background, education, work experience, character, personality and personal habits.

Signature of Applicant

Date

EMPLOYMENT RECORD

IMPORTANT: Please read before completing application! The information you provide in this application will determine if you meet the minimum qualifications for this job and whether you will be rated qualified or unqualified for this position under the provisions of Shelby County's Civil Service Merit System. Incorrect information or information not provided by the closing date of this job posting cannot be corrected or added. You must provide Specific Information regarding your education and experience related to the minimum qualifications listed on the job posting.

Specific Information means:

Names of Companies

- a. Address, including city, state, zip
- b. Phone Number
- c. Amount of time employed (month & year)
- d. Number of hours worked
- e. Specific type of work performed

Educational Institution

- a. Degree, if applicable
- b. Quarter/Semester hours
- c. Number of years attended

FAILURE TO PROVIDE SPECIFIC AND CORRECT INFORMATION ON THIS APPLICATION WILL DISQUALIFY YOU FROM FURTHER CONSIDERATION FOR THIS JOB.

Signature of Applicant _____

Date _____

IMPORTANT:

1. LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH MOST RECENT.
2. TAKE TIME TO FILL IN THESE BLOCKS CAREFULLY AND COMPLETELY. YOUR QUALIFICATIONS RATING DEPENDS IN A LARGE PART ON YOUR EMPLOYMENT HISTORY.
3. INDICATE IF YOU ARE NOW UNEMPLOYED OR IF YOU HAVE NEVER BEEN EMPLOYED.

MAY AN INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS AND RECORD OF EMPLOYMENT? (A "NO" WILL NOT AFFECT YOUR CONSIDERATION FOR EMPLOYMENT.) YES NO

1	DATES OF EMPLOYMENT (MONTH, YEAR) FROM _____ TO _____	EXACT TITLE OF POSITION	# OF EMPLOYEES YOU SUPERVISED
EMPLOYING FIRM		SALARY OR EARNINGS	
ADDRESS		STARTING \$	PER PRESENT PER
CITY, STATE, ZIP		REASON FOR WANTING TO LEAVE	
PHONE NO.	AVERAGE HOURS PER WEEK:		
DUTIES - RESPONSIBILITIES:			
2	DATES OF EMPLOYMENT (MONTH, YEAR) FROM _____ TO _____	EXACT TITLE OF POSITION	# OF EMPLOYEES YOU SUPERVISED
EMPLOYING FIRM		SALARY OR EARNINGS	
ADDRESS		STARTING \$	PER PRESENT PER
CITY, STATE, ZIP		REASON FOR WANTING TO LEAVE	
PHONE NO.	AVERAGE HOURS PER WEEK:		
DUTIES - RESPONSIBILITIES:			
3	DATES OF EMPLOYMENT (MONTH, YEAR) FROM _____ TO _____	EXACT TITLE OF POSITION	# OF EMPLOYEES YOU SUPERVISED
EMPLOYING FIRM		SALARY OR EARNINGS	
ADDRESS		STARTING \$	PER PRESENT PER
CITY, STATE, ZIP		REASON FOR WANTING TO LEAVE	
PHONE NO.	AVERAGE HOURS PER WEEK:		
DUTIES - RESPONSIBILITIES:			

4	DATES OF EMPLOYMENT (MONTH, YEAR) FROM _____ TO _____		EXACT TITLE OF POSITION _____		# OF EMPLOYEES YOU SUPERVISED _____
	EMPLOYING FIRM _____			SALARY OR EARNINGS	
ADDRESS _____			STARTING \$ _____	PER _____	PRESENT _____
CITY, STATE, ZIP _____			REASON FOR WANTING TO LEAVE _____		
PHONE NO. _____		AVERAGE HOURS PER WEEK: _____			
DUTIES - RESPONSIBILITIES: _____					

A EDUCATION RECORD
 Highest Grade Completed: _____ Name of High School: _____
 DIPLOMA/GED Location: (City/State) _____

COLLEGE/UNIVERSITY Name of College or University	Dates Attended From To		Circle Years Completed 1 2 3 4 5 6 Other _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Type Degree _____ Total Sem. Hrs. _____ Total Qtr. Hrs. _____	Major	Minor

GRADUATE/PROFESSIONAL SCHOOL Name of College or University	Dates Attended From To		Circle Years Completed 1 2 3 4 5 6 Other _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Type Degree _____ Total Sem. Hrs. _____ Total Qtr. Hrs. _____	Major	Minor

**B OTHER SCHOOLS, CERTIFICATES, TRAINING, REGISTRATIONS, LICENSING, ETC.
(TRADE, VOCATIONAL, MILITARY, BUSINESS, TECHNICAL, PROFESSIONAL, ETC.)**

Name or type	Indicate Time Attended					Was program completed?	Course(s)	Course(s)
	3 mos	6 mos	12 mos	24 mos	other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	3 mos	6 mos	12 mos	24 mos	other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

C LIST ANY SCHOOL OR COLLEGE HONORS; OR MEMBERSHIPS IN PROFESSIONAL AND/OR SCIENTIFIC SOCIETIES, ETC. _____

D DRIVER'S LICENSE #: _____ **TYPE:** _____ **STATE:** _____ **RENEWAL YEAR:** _____

E ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANYONE EMPLOYED BY SHELBY COUNTY GOVERNMENT? (Yes or No) If yes, state name, relationship to you and where they work.

F HAVE YOU EVER BEEN CONVICTED OF A FELONY AND/OR CONVICTED OF CRIME INVOLVING THEFT OR DISHONESTY? Yes No

If yes, please describe in detail each such event including dates of incident and conviction and the state where event took place. Please provide this as a separate addendum to your application.
 (A "yes" answer will NOT automatically disqualify you for some job positions. However, if an event is discovered after employment that was not disclosed during the application process, employment termination may result.)

REFERENCES

List three persons, other than relatives, who have knowledge of your character or ability.

FULL NAME	MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)	YRS. KNOWN	PHONE #.

ATTENTION ALL APPLICANTS

I hereby give permission to the Shelby County Human Resources Department or its duly authorized representative to contact any persons or companies named in this statement other than my present employer and to verify any and all educational history that I have given on this statement.

I hereby authorize my former employers to furnish their records of my service, my reasons for leaving their employment, together with all information they may have concerning me. I also release any individual partnership or corporation which formerly employed me, its officers, agents and employees, from any liability for any damage whatsoever for issuing such information.

I do hereby affirm that I have answered all questions and not omitted any information to the best of my ability and belief. I understand that if any of the statements made by me on this statement are false, or if a check with my former employer reveals that I would make an unsatisfactory employee, I may be subjected to immediate disqualification or termination.

I understand that pursuant to governing County laws and policy, as a Shelby County employee, I must be a permanent resident of Shelby County, and my residency must be established on my first day of employment or reemployment. Furthermore, I understand that I must maintain my Shelby County residency uninterrupted throughout my employment tenure.

I hereby give permission to the Shelby County Human Resources Department or its duly authorized representative to conduct a pre-employment physical examination and/or drug screen, if applicable. The results of that examination may or may not be a factor in determining my suitability for the position for which I have applied.

Due to the unpredictability of future costs, rates of inflation and other factors, I understand that the County reserves the right to alter, amend or modify personnel policy regarding compensation including, but not limited to, changes in the pension plan, medical and hospital benefits and other fringe benefits subject to the approval of applicable authorities of Shelby County Government.

I do hereby affirm that, in accordance with federal law, I will provide proof of identity and employment eligibility if I am hired.

APPLICANT'S SIGNATURE

DATE

HREMR

(NOTIFY IN CASE OF EMERGENCY)

PRIMARY CONTACT

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: (HOME) _____ (WORK) _____

SECONDARY CONTACT

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: (HOME) _____ (WORK) _____