

Application for Employment / Equal Opportunity Employer



Metro Public Health Dept
Nashville / Davidson County
Protecting, Improving, and Sustaining Health

2500 Charlotte Avenue
Nashville, Tennessee 37209-4129

Phone (615) 340-5640
Fax (615) 340-0497
healthhr@nashville.gov

Please make sure the application is fully completed and legible.

<p>Name _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Last First Middle Maiden </div> </p> <p>Present mailing address _____ <div style="text-align: center; font-size: small;">Number and Street</div> </p> <p>_____</p> <p style="display: flex; justify-content: space-between; font-size: small;"> City County State Zip </p> <p>Address of actual residence (if different from above) _____ <div style="text-align: center; font-size: small;">Number and Street</div> </p> <p>_____</p> <p style="display: flex; justify-content: space-between; font-size: small;"> City County State Zip </p> <p>Telephone Number (s) Home (_____) _____ Work (_____) _____</p> <p style="text-align: center; font-size: small;">Cell / Pager (_____) _____</p> <p>E-mail Address _____</p> <p>Relatives employed by the Metropolitan Health Department:</p> <p>Name _____ Relationship _____</p> <p>_____</p> <p>Have you ever been convicted for violation of the law other than minor traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state the nature of the offense(s), city, state and disposition: _____</p> <p>_____</p> <p style="font-size: x-small;">Note a conviction record will not always be considered grounds for disqualification, but will be weighed relative to the position being sought.</p>	<p>Title of position applied for _____</p> <p>How soon could you begin work? _____</p> <p>May we refer to your present employer?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>May we refer to your past employer (s)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a valid Drivers License?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No State _____</p> <p>Do you have a car for use if the position for which you are applying requires one?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check conditions of employment you will accept:</p> <p><input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights</p> <p>Minimum salary expected _____</p> <p>Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a member of an Active Reserve Components? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>In the event of an emergency, please notify:</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone No. (_____) _____</p> <p>Relationship _____</p>	<p>Have you ever been discharged or forced to resign for misconduct or unsatisfactory service?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain _____</p> <p>_____</p>
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EDUCATIONAL BACKGROUND

Education	Circle highest Grade completed	Date last Attended	Did you graduate?	School – Name, City, State, Zip
Elementary	1 2 3 4 5 6 7 8			
High School	9 10 11 12			

COLLEGES, NURSING, BUSINESS AND OTHER SCHOOLS ATTENDED

School – Name, City, State, Zip	Mon/Year to	Mon/Year	Major and/or Subjects Taken	Degree and Year

Professional Licensure or Registration Numbers:

Do you claim Veterans Preference? Yes No If yes, complete the following:

Date of entry into Active Service _____ Date of Discharge _____ Type of Discharge _____

Branch of Service _____ Last Rank _____

EXPERIENCE: Begin with your present job and record all employment you have had. Attach additional pages if necessary. All experience related to the position for which you are applying should be described in detail.

Name of Employer _____ Address of Employer _____ City, State, Zip _____ Telephone Number (____) _____ Job Title _____ Specific Duties _____ _____ Reason for Leaving _____	From _____ To _____ Full-time _____ Part-time _____ Starting Salary _____ Ending Salary _____ Supervisor's Name & Title _____ _____
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Name of Employer _____ Address of Employer _____ City, State, Zip _____ Telephone Number (____) _____ Job Title _____ Specific Duties _____ _____ Reason for Leaving _____	From _____ To _____ Full-time _____ Part-time _____ Starting Salary _____ Ending Salary _____ Supervisor's Name & Title _____ _____
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I hereby affirm that the information I have provided in this application, employment history attachment (and the accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration for employment or result in my dismissal from employment.

I understand that nothing contained in this employment application, or in granting an interview, is intended to create an express or implied employment contract between Metropolitan Nashville Government and myself. No promises regarding employment or duration of employment have been made to me.

I understand that any offer of employment will be conditional on successful completion of a number of requirements, including a health assessment, verification of credentials and experience, and similar screenings required for the position. I understand that drug and/or alcohol tests are required for appointment to health and safety related positions, and for CDL holders who may drive in the course of employment. The results of the above screenings or assessments will be released to the department coordinator and may be a factor in determining my suitability for the position for which I have applied.

I authorize Metropolitan Nashville Government or its representatives to investigate and verify any and all of the information contained in this employment application, and to conduct a criminal background investigation. I also authorize all previous employers, schools, organizations and individuals listed herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for employment.

I understand that in Compliance with Tennessee Law, all applications are subject to Public Disclosure.

_____ Signature

_____ Date