

Employment Application

Davidson County Election Commission

Equal Opportunity Employer

Position Applying for: Administrator of Elections Deadline to Apply: September 15, 2010

Are you a Metro Civil Service Employee? yes no

Name: Last	First	Middle Initial	Social Security #
Address (Street Name and Number)		Apt. #	Email Address:
City	State	Zip Code	Telephone: Home Phone: Alternate Phone:
Drivers License: Do you currently have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, driver's license number: _____ Type: _____ State: _____ Expiration Date: _____ Endorsement: _____ Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No The failure to have a driver's license will not always be considered grounds for disqualification, but will be weighed relative to the position sought.			Citizenship: Are you authorized to work in the United States <input type="checkbox"/> yes <input type="checkbox"/> no If you receive an offer of employment then employment authorization documentation will be required.

Education:

If you did not graduate from high school do you have a General Education Diploma (GED) yes no

	High School	Vocational/Technical	College/University	Graduate Professional
School Name				
City and State				
Year Completed	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Dates Attended (Mo/yr)	From: To:	From: To:	From: To:	From: To:
Type of Diploma/Degree				
Major Field				

Please list any profession you are licensed or certified to practice, giving the type, number, expiration date, and state by which the license was issued:

Check "Yes" or "No" for each of the following questions. If you check "Yes" to any questions, give details in the area provided below.

1. Are you now or have you ever been an employee of the Metropolitan Government? If yes, please give employment dates and department. Yes No
2. Are you claiming Veteran's Preference for military service?
If yes, the Long Form DD214 with "HONORABLE" discharge must be provided within two weeks of application. Yes No
3. Have you ever been convicted for violation of the law other than minor traffic offenses? Yes No
If yes, state the nature of the offense(s), city, state and disposition:

NOTE: A conviction record will not always be considered grounds for disqualification, but will be weighed relative to the position being sought.

4. Have you ever been discharged or forced to resign from employment? NOTE: Do not include business closures or general layoffs. Yes No

Use this section for giving complete details to all "Yes" answers to questions 1 through 4 above:

Question No.	Explanation
_____	_____
_____	_____
_____	_____

EMPLOYMENT EXPERIENCE: May we contact your present employer? Yes No

Start with your last or present job. Include any job related military assignments and volunteer activities. Ask for additional forms if more space is needed or use a blank sheet of paper.

Employer:		Job Title: Name of Supervisor:		Date Employed (Mo/Yr) From: To:	
Address:			Phone: ()	Starting Salary \$ per	Ending Salary \$ per
Total # of employees supervised by you		Reason for Leaving:			
Specific Job Duties:					
Equipment /Computer Software Used:					
Employer:		Job Title: Name of Supervisor:		Date Employed (Mo/Yr) From: To:	
Address:			Phone: ()	Starting Salary \$ per	Ending Salary \$ per
Total # of employees supervised by you		Reason for Leaving:			
Specific Job Duties:					
Equipment /Computer Software Used:					
Employer:		Job Title: Name of Supervisor:		Date Employed (Mo/Yr) From: To:	
Address:			Phone: ()	Starting Salary \$ per	Ending Salary \$ per
Total # of employees supervised by you		Reason for Leaving:			

Specific Job Duties:				
Equipment /Computer Software Used:				
Employer:		Job Title: Name of Supervisor:	Date Employed (Mo/Yr) From: To:	
Address:		Phone: ()	Starting Salary \$ per	Ending Salary \$ per
Total # of employees supervised by you	Reason for Leaving:			
Specific Job Duties:				
Equipment /Computer Software Used:				

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Total # of employees supervised by you	Reason for Leaving:			
Specific Job Duties:				
Equipment /Computer Software Used:				

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Address:		Phone: ()	Starting Salary \$ per	Ending Salary \$ per
Total # of employees supervised by you	Reason for Leaving:			
Specific Job Duties:				
Equipment /Computer Software Used:				

APPLICANT STATEMENT

- I. 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.
- II. 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 the Davidson County Election Commission and myself. No promises regarding employment or duration of employment have been made to me.
- III. I authorize the Davidson County Election Commission 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.
- IV. I understand that in Compliance with Tennessee Law, all applications are subject to Public Disclosure.

Signature: _____ **Date:** _____

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Please return Application to: P.O. Box 650, Nashville, TN 37202 ATTN: Lionel Barrett
Fax Number: 615-862-8810
E-mail: Lionel.barrett@nashville.gov

Equal Employment Opportunity Information

Metro Government is committed to equal employment opportunities and strives to have a work force that reflects the community we serve. To measure recruiting and to file statistical reports, which are periodically required, we request that you provide the following information. This will not be used in evaluating your application and will be removed before the application is forwarded to hiring authorities. Completion of this form is voluntary.

Name: _____ Date: _____

Social Security Number: _____

Position Applied for: _____

Sex: Female: Male:

Race: Native American Indian/Eskimo Asian/Pacific Islander
 Black Hispanic/Latino
 White Unknown

Veteran: Vietnam Era: Dates: Disabled Veteran:

Are you able to perform the tasks of the job for which you are applying with, or without a reasonable accommodation?

Please notify the interviewer of any accommodation you may need to participate in the selection process. If accommodation is needed for a written or oral exam, notify the Test Administrator at least 48 hours in advance.

How did you find out about us?

- | | |
|---|--|
| <input type="checkbox"/> Walk-In (11) | <input type="checkbox"/> Bill Board Ads (16) |
| <input type="checkbox"/> Internet (12) | <input type="checkbox"/> Bus Ads (17) |
| <input type="checkbox"/> Job-line (03) | <input type="checkbox"/> Theatre (18) |
| <input type="checkbox"/> Metro Employee (07) | <input type="checkbox"/> Radio (19) |
| <input type="checkbox"/> Newspaper/Magazine (01) | <input type="checkbox"/> N.C.A.C. (14) |
| <input type="checkbox"/> Channel 3 (13) | <input type="checkbox"/> School (05) |
| <input type="checkbox"/> Community Agency (06) | <input type="checkbox"/> Recruiting Presentation/Fair (08) |
| <input type="checkbox"/> Already employed with Metro (15) | |