Application for Employment **Equal Opportunity Employer**

Metro Public Health Department, HR
2500 Charlotte Avenue
Nashville, Tennessee 37209-4129
Phone (615) 340-5640 ● Fax (615) 340-0497
healthhr@nashville.gov

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

Please make sure the application is fully completed and legible.

Name _____
Last First MI Maiden

Present mailing address _____

_____
City County State Zip

Address of actual residence (if different from above):

_____
Street Address City ST Zip

Telephone Number(s) Home (_____)_____ Work (_____)_____

Cell / Pager (_____)_____

E-mail Address _____

Relatives employed by the Metropolitan Health Department:

Name _____ Relationship _____

Name _____ Relationship _____

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.

Position applied for: _____

How soon could you begin work? _____

May we refer to your present employer? ☐ Yes ☐ No

May we refer to your past employer (s)? ☐ Yes ☐ No

Do you have a valid Driver's License? ☐ Yes ☐ No
In what state? _____

Do you have a car for use if the position for which you are applying requires one? ☐ Yes ☐ No

Check conditions of employment you will accept:
☐ Temporary ☐ Part-time ☐ Permanent
☐ Days ☐ Evenings ☐ Nights

Minimum salary expected _____

Are you a United States Citizen? ☐ Yes ☐ No

Are you a member of an Active Reserve Components?
☐ Yes ☐ No

In the event of an emergency, please notify:

Name _____

Address _____

City, ST, Zip _____

Phone No. _____

Relationship _____

Have you ever been discharged or forced to resign for misconduct or unsatisfactory service? ☐ Yes ☐ No

If yes, explain:

_____

_____

EDUCATIONAL BACKGROUND

Education	Highest Grade Completed	Date Last Attended	Did You Graduate?	School Name, City, ST, Zip
Elementary			☐ Yes ☐ No	
High School			☐ Yes ☐ No	

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
_____
_____

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 _____
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Supervisor's Name & Title
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Starting Salary _____
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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
_____
_____

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.

_____ _____
Typing name here and e-submitting (at right) or e-mailing to healthhr@nashville.gov constitutes signature for purpose of this application

Date

Submit Form