

Employment Questionnaire

Hamilton County Clerk's Office

Date Received

- 1) Please complete fully and return to: Hamilton County Clerk, Employment Information, 625 Georgia Avenue, Room 201, Chattanooga, TN 37402.
- 2) Note that consistent with the Deputy County Clerk's Handbook, employment can be terminated at any time for any reason by either the employer or the employee. No Deputy Clerk serving in any position is authorized to imply or make representation that deputies are appointed for any specified time or term of years.
- 3) Questionnaires will be maintained in active status for three months from the date received.
- 4) A job offer is contingent on reference and background checks.

Please print in black ink. This makes for better reproduction of the questionnaire.

Date _____

Name _____ Social Security No. _____ Phone _____

Address (no PO Box only) _____ E-mail _____

Name of person to contact in case of emergency _____ Phone _____

Do you own an automobile? Yes ___ No ___ Make and Model _____

How much time have you missed from work over the last three years? _____

if excessive, please explain _____

Have you ever been bonded? Yes ___ No ___ Has a bond ever been refused? Yes ___ No ___

Please give name of last employer when bonded _____

Please give name(s) of friends or relatives employed by Hamilton County _____

How many words per minute do you type? _____ When last tested? _____

List specific skills you have that relate to position applied for: _____

Are you available to work extended or staggered hours as necessary? Yes ___ No ___

Are you available to work weekend hours as necessary? Yes ___ No ___

Please list specific time limitations _____

Personal References

Name	Relationship	Phone

School History

Name of School	Major/Minor	Check last year completed	GPA if applicable	Degree received	Year
Grammar		5 6 7 8			
High School		1 2 3 4			
College		1 2 3 4 4+			
Other					

WORK HISTORY

From Mo./Yr.	To Mo./Yr.	Employer's Name Supervisor's Name and Phone Number	Wages or Salary	Position and Nature of Duties	Reason(s) for leaving
Most recent employer					
Previous employer					
Previous employer					
Previous employer					

Which position was most interesting? _____ Why? _____

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes ___ No ___ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

Explain why you think you will be an asset to the Hamilton County Clerk's Office _____

I certify that information I supplied is true and complete to the best of my knowledge.

X Signature _____ Date _____

INFORMATION RELEASE AUTHORIZATION

(Required by Federal Private Act of 1974)

Notice to Applicant: This is to inform you that as part of our application procedure, an investigation will be made of your background. Your authorization is necessary to process your application.

I, _____, hereby authorize the Hamilton County Clerk access to any of my Personnel Employment Records, and any other information pertaining to my previous employment. I also authorize any Educational Institution to release my transcripts or any Police Departments to release my Police Records.

X Signature _____ Date _____