

Marshall County Board of Public Utilities
624 W Commerce Street
Lewisburg, TN 37091

APPLICATION FOR EMPLOYMENT

1. Marshall County Public Utilities is firmly committed to a policy of Equal Employment Opportunity and does not discriminate against applicants because of race, color, religion, age, national origin, sex, sexual orientation, or disability.
2. Marshall County Public Utilities maintains a Drug-Free Workplace. All job offers are contingent upon the applicant successfully completing a pre-employment drug screen.
3. Consideration for employment is also contingent upon the results of a reference and background check. If the position requires the ability to drive or operate a motor vehicle, a MVR will also be required.
4. If accepted for employment, the applicant shall be required to provide proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986.
5. All information submitted in this application may be subject to public review under the Tennessee Open Records Act.
6. No applicant will be considered for a position without a current application completed and submitted to the Human Resources Office. Resumes are welcome and may be attached to the application packet but do not, of themselves, constitute an application for a position.
7. No event in the hiring process shall be considered as creating a contractual relationship between the applicant and Marshall County Public Utilities and unless otherwise provided in writing, such relationship shall be defined as "employment at will" where either party may dissolve the relationship at any time, with or without notice.
8. I understand that this position is subject to mandatory direct deposit for payment of wages.

GENERAL INFORMATION

Date:_____ Position Appling For:_____

How did you hear about this position?_____

Have you been employed by Marshall County before? ☐ Yes ☐ No

PERSONAL INFORMATION

Name:_____
(Last) (First) (Middle) (Preferred Name)

Address:_____
(Number) (Street)

_____
(City) (State) (Zip Code)

How long at this address?_____ Email Address:_____

Phone Number:_____

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AVAILABILITY

How many hours per week are you available to work? _____

When are you available to start?_____

EDUCATION AND TRAINING

Type of School	Name of School City/State	Degree Earned? Type of Degree/Certificate	Major Area of Study
High School			
College			
Business/Trade School			
Professional School			

Please list any other training received (special courses, work training programs, Armed Forces training, etc.)

_____

_____

_____

Please list any special qualifications and skills (licenses, certifications, career accomplishments, etc.)

_____

_____

_____

REFERENCES

Please list three persons, other than relatives, who have knowledge of your character and/or abilities.

Full Name	Mailing Address	Years Known	Phone Number

WORK EXPERIENCE

Please list all your past work experience, beginning with your most recent job held. If you were self-employed, give the firm name. Attach additional sheets if necessary.

From Mo/Yr	To Mo/Yr	Employer:		Phone Number:
Job Title:		Address:		
		City:	State:	Zip Code:
Immediate Supervisor:		Summarize work performed and job responsibilities:		
May we contact this employer? ☐ Yes ☐ No				
Reason for leaving?				

From Mo/Yr	To Mo/Yr	Employer:		Phone Number:
Job Title:		Address:		
		City:	State:	Zip Code:
Immediate Supervisor:		Summarize work performed and job responsibilities:		
May we contact this employer? ☐ Yes ☐ No				
Reason for leaving?				

From Mo/Yr	To Mo/Yr	Employer:		Phone Number:
Job Title:		Address:		
		City:	State:	Zip Code:
Immediate Supervisor:		Summarize work performed and job responsibilities:		
May we contact this employer? ☐ Yes ☐ No				
Reason for leaving?				

APPLICANT'S AGREEMENT

By signing below, I affirm that the information I am providing in this application and any accompanying documents is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification or material misrepresentation, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future consideration. I hereby authorize Marshall County Public Utilities to make all necessary investigations concerning me or my actions and to receive my academic records or other materials pertinent to my qualifications. I further waive any right of privilege, privacy, and/or confidentiality regarding necessary investigations and/or background checks.

Applicant Full Name::_____

Applicant Signature: _____

Date: _____

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