

Hawkins County Election Commission

APPLICATION FOR EMPLOYMENT

The Hawkins County Election Commission considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected characteristic. Applications will be accepted through ____ p.m. on _____, _____, at the Hawkins County Elections Office, Room 301, 110 East Main Street, Rogersville, TN 37857. Applications received or post-marked after this deadline will not be considered.

Please be advised: **this job application is a public record.**

(PLEASE PRINT)

Position(s) applying for:		Date of application:	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s) (Home)	(Work)	(Cell)	

Are you currently employed? Yes No May we contact your present employer? Yes No

If hired, can you show proof of identity and legal authorization to work in the United States? (Proof of citizenship or immigration status will be required upon employment.) Yes No

How soon upon being hired would you be available for work? _____

Can you travel if this position requires it? Yes No

Have you been convicted of a criminal offense within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.) Yes No

If yes, please explain. _____

Applicant's Name _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status. If you need additional space, please continue on a separate sheet of paper.

Employer		Dates Employed		Work performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

WRITTEN RESPONSE TO THIS PAGE IS REQUIRED*

Job Responsibilities for Hawkins County Election Commission Deputy

A Deputy of Elections has various duties and procedures each election cycle. Please provide a short written response describing your experience in each of the following areas. Please indicate if your past experience is specific or comparable to that listed in the question.

1. Computer Experience: What experience have you had with database management and word processing – Microsoft Excel, Word, and Outlook, networks, the internet, map searches, and typing/keyboarding?
2. Election Experience: a) What experience have you had with an election? b) Have you ever participated as an Election Day precinct official, early voting official, or absentee voting official? If yes, please explain. c) Have you ever been a candidate for office? If yes, please explain.
3. Voting System Experience: What experiences have you had with an electronic voting system?
4. Voter Registration Experience: a) Have you ever registered another individual to vote in the State of Tennessee? If yes, please describe your experience. b) Are you a registered voter in this state and county? If yes, please provide the following: name and legal address on your voter registration record.
5. People Skills: a) Have you ever worked in an office setting? b) Have you ever worked with the public? c) In what ways would you consider yourself easy to work with and considerate of others?
6. Smoke-free Environment: Due to allergy and health concerns of our staff, our office is a tobacco-free office. Do you use tobacco products?

**Do not answer on this page. Attach your written responses to the back of this application.*

Applicant's Name _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that falsification, omission, or misstatement of information may result in refusal to hire, or, if hired, termination of employment.

I hereby give permission to the Hawkins County Election Commission and any third party it so chooses to utilize, to conduct a personal check on my background, including but not limited to, work history, business and personal record, credit history, or criminal investigation, and hold harmless the above referenced.

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date