



**HARDIN COUNTY SCHOOLS
SAVANNAH, TENNESSEE**

**APPLICATION FOR EMPLOYMENT
SUPPORT STAFF**

It is understood and agreed that any misrepresentation by me in this application will be just cause for cancellation of this application and / or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause or prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary. I give the employer the right to investigate all references and secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that in filling a temporary position I have no expectancy of continued employment but shall be considered for initial employment to fill other vacancies.

Signature of Applicant

Date

APPLICANT DATA SURVEY (Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition, or handicap or any other legally protected status.

Date: ____/____/____

Applicant's name: _____ Telephone number: _____

Address: _____

Date of birth: ____/____/____ Male _____ Female _____

As required, we comply with government regulations, including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations we ask that you complete this applicant data survey. Your cooperation is appreciated.

Check one of the following race / ethnic groups:

Hispanic _____ Black _____ White _____ American Indian / Alaskan Native _____
Asian / Pacific Islander _____

Check if any of the following are applicable:

Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual _____

