

CHATTOOGA COUNTY  
TAX ASSESSORS' OFFICE  
EMPLOYMENT APPLICATION

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

MALE \_\_\_ FEMALE \_\_\_ MARRIED \_\_\_ SINGLE \_\_\_ DIVORCED \_\_\_ WIDOW \_\_\_ WIDOWER \_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ FULL OR PART TIME: \_\_\_\_\_

EDUCATION:

	SCHOOL	YEARS COMPLETED	DATES ATTENDED
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PRESENT AND PREVIOUS EMPLOYMENT (Starting With Most Recent):

1. \_\_\_\_\_ YEARS WORKED: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_ YEARS WORKED: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_ YEARS WORKED: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

LIST RESPONSIBILITIES OF PRESENT AND PREVIOUS EMPLOYMENT (Starting With Most Recent):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES (List Three)

	NAME	ADDRESS	PHONE NO.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

OTHER INFORMATION RELATIVE TO PERFORMING JOB EFFECTIVELY AND EFFICIENTLY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_