



*Helping YOU Build a  
SAFE Tomorrow*

Roane County Building, Planning &  
Zoning Administration  
308 N. 3<sup>rd</sup> Street  
Kingston, TN 37763  
865-717-4230

## **Roane County**

**Position Title:** Building Inspector

**Position Type:** Full-time; Non-Exempt

**What we offer:** Excellent benefit package includes health, dental and vision insurance, life insurance, retirement pension with Tennessee Consolidated Retirement System.

**Closing Date:** Open Until Filled

**Salary:** Dependent upon qualifications and experience.

### **About This Position:**

- Inspects residential and commercial buildings under construction, alteration or repair for compliance with codes; inspects existing building for code violations and structural deficiencies.
- Issues stop work orders.
- Answers technical questions from citizens, professionals and others regarding code enforcement.
- Coordinates with other administrative staff regarding permit approval.
- Maintains inspection records and results; prepares reports.
- Answers questions; provides information to architects, engineers and contractors.

### **Knowledge, Skill and Abilities:**

- Thorough knowledge of all types of building construction materials and methods, and of stages of construction, when possible, violations and defects may be easily observed and corrected;
- Thorough knowledge of state building and related codes, laws and ordinances;
- Ability to detect poor workmanship, inferior materials and hazards of fire and collapse;
- Ability to read and interpret plans, specifications and blueprints accurately and to compare them with construction in process; firmness and tact in enforcing ordinances and codes;
- Ability to make arithmetic computations;
- Ability to compute structure heights, setbacks, square footage and gas intake for gas appliances;
- General knowledge in preparing reports; general knowledge in operating standard office equipment and associated software;
- Ability to establish and maintain effective working relationships with building owners, contractors, associates and the general public.



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#### **Physical Requirements:**

This work requires the frequent exertion of up to 25 pounds of force and occasional exertion of up to 50 pounds of force; work regularly requires speaking or hearing, frequent standing, walking and using hands to finger, handle or feel and occasionally requires sitting, climbing or balancing, stooping, kneeling, crouching or crawling, reaching with hands and arms, pushing or pulling, lifting and repetitive motions; work requires close vision, distant vision, ability to adjust focus, depth perception, color perception and peripheral vision; vocal communication is required for expressing or exchanging ideas by means of the spoken word; hearing is required to perceive information at normal spoken word levels and to receive detailed information through oral communications and/or to make fine distinction in sound; work requires preparing and analyzing written or computer data, visual inspection involving small defects and/or small parts, using measuring devices, operating motor vehicles or equipment and observing general surroundings and activities; worker has frequent exposure to outdoor weather conditions and exposure to the risk of electrical shock and occasionally requires wet, humid conditions (non-weather) and work is generally in a moderately noisy location (e.g. business office with typewriters and/or computers printers, light traffic).

#### **Education and Experience:**

High school diploma or GED and minimum five (5) years' experience in the field of construction and/or equivalent combination of education and experience.

#### **Special Requirements:**

Residential/Building Inspector Certification required within six (6) months upon date of hire.

Obtain one or more of the following certifications within one year of hire depending on departmental assignment:

Residential/Commercial Building Inspector; Residential/Commercial Plumbing Inspector; Residential/Commercial Mechanical Inspector.

Possession of an appropriate driver's license valid in the State of Tennessee.

#### **How to Apply:**

A Roane County employment application is required for consideration. An electronic application is available on our website, [www.roanecountytn.gov](http://www.roanecountytn.gov). Paper applications are available in Roane County Building, Planning and Zoning Administration office located at 308 North 3<sup>rd</sup> Street, Kingston, TN 37763 or the Roane County Executive's Office located at 200 East Race Street, Kingston, TN 37763. You can submit your application in person to the Roane County Building, Planning and Zoning Administration or by email to [glen.cofer@roanecountytn.org](mailto:glen.cofer@roanecountytn.org) or [renee.crowe@roanecountytn.org](mailto:renee.crowe@roanecountytn.org).

***Roane County is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status or any other characteristic protected by law.***

# EMPLOYMENT APPLICATION

## AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

<b>NAME</b> <small>(As it appears on Social Security Card / Work Permit Card)</small>			
	<small>Last</small>	<small>First</small>	<small>M.I.</small>
<b>SOCIAL SECURITY NUMBER</b>			
<b>ADDRESS</b>			
<b>CITY, STATE, ZIP</b>			
<b>HOME TELEPHONE</b>	<b>MESSAGE CONTACT</b>		
<b>DAYTIME TELEPHONE</b>	<small>Name</small>	<small>Area Code</small>	<small>Number</small>
	<b>ARE YOU AT LEAST 18 YEARS OLD?</b> <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<b>OTHER NAMES YOU HAVE USED:</b>			
<b>POSITION APPLIED FOR:</b>		<b>SALARY REQUIREMENTS:</b>	\$
<b>REFERRED FOR THIS POSITION BY:</b>		<b>DATE AVAILABLE:</b>	
<b>HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?</b> <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> YES <b>WHEN?</b>			
<b>DEPARTMENT:</b>			
<b>SUPERVISOR:</b>		<b>REASON FOR LEAVING:</b>	
<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT</b> <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> YES <small>If Yes, Give location, date, charge and disposition of case(s) on a separate page</small>	<b>IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:</b>  I HAVE A VALID DRIVER'S LICENSE <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO D.L.# _____ STATE _____	<b>CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?</b>  <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.  
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

FROM (Mo/Yr) \_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS \_\_\_\_\_ MOS. YOUR POSITION \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
BASE SALARY \_\_\_\_\_ / \_\_\_\_\_  MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES \_\_\_\_\_  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

(ATTACH ADDITIONAL PAGE IF NECESSARY)

## EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)



**U.S. MILITARY SERVICE**

If you have served in the U.S. Military, please provide the following information:

From: \_\_\_\_\_ To: \_\_\_\_\_ Branch of Service \_\_\_\_\_  
 Dates Served \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**EDUCATION / SKILLS**

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				0 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

**COMPUTER SOFTWARE SKILLS**

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software		
Word Processing		<input checked="" type="checkbox"/> Skilled	<input checked="" type="checkbox"/> Competent	<input checked="" type="checkbox"/> Familiar
Spreadsheet		<input checked="" type="checkbox"/> Skilled	<input checked="" type="checkbox"/> Competent	<input checked="" type="checkbox"/> Familiar
Database		<input checked="" type="checkbox"/> Skilled	<input checked="" type="checkbox"/> Competent	<input checked="" type="checkbox"/> Familiar
Other		<input checked="" type="checkbox"/> Skilled	<input checked="" type="checkbox"/> Competent	<input checked="" type="checkbox"/> Familiar

**LICENSES / CERTIFICATIONS / ORGANIZATIONS**

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)	NAME	DATE	NAME	DATE

Exclude memberships that indicate your race, religion, color, national origin, ethnicity, sex, age, disability or veteran status

**JOB RELATED TRAINING**

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED



**FAIR CREDIT REPORTING ACT**  
**Disclosure and Authorization Statement**

**To: All Applicants For Employment** *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consume reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

\_\_\_\_\_  
Name *(please print)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)**