

Town of Spring City Application for Employment

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, THE TOWN OF SPRING CITY does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex (except where sex is a bonafide occupational qualification) or on any other basis prohibited by law. Furthermore, THE TOWN OF SPRING CITY will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by THE TOWN OF SPRING CITY for the job.

PLEASE PRINT CLEARLY	DATE: _____
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NAME: (LAST)	(FIRST)	(MIDDLE)	
CURRENT ADDRESS: (STREET)		PHONE NUMBER () -	
(CITY)		(ZIP)	
		ALTERNATE PHONE NUMBER () -	

MAILING ADDRESS, IF DIFFERENT FROM ABOVE

(STREET OR PO BOX)	
(CITY)	(ZIP)

POSITION APPLYING FOR (MUST BE ADVERTISED):	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
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ARE YOU 18 YEARS OR OLDER?	SALARY DESIRED:
DATE AVAILABLE TO WORK:	HAVE YOU WORKED FOR THE TOWN OF SPRING CITY BEFORE?
ARE YOU WILLING TO TAKE A PHYSICAL EXAM AT OUR EXPENSE IF THE NATURE OF THE JOB REQUIRES ONE?	DO YOU HOLD A VALID TENNESSEE DRIVER'S LICENSE? DRIVER'S LICENSE # _____ EXPIRATION DATE: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

To comply with the Immigration Reform and Control Act of 1986, if you are hired, you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire or upon your first work day if your employment period will be less than three (3) days.

Have you ever been convicted of a crime (misdemeanor or felony)?

YOU MAY OMIT TRAFFIC VIOLATIONS FOR WHICH YOU PAID A FINE OF \$30 OR LESS

If yes, please explain: (WHERE) (WHEN) (CHARGED) (SENTENCE)

RECORD OF EDUCATION

NAME OF SCHOOL BEGINNING WITH HIGH SCHOOL	DATE AND ADDRESS	DEGREE OR EQUIVALENT COMPLETED

List any special skills or abilities which directly relate to the job for which you are applying.

REFERENCES

NAME	ADDRESS	PHONE

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD.
**YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL GENDER, RACE, RELIGION,
NATIONAL ORIGIN, AGE, ANCESTORY, DISABILITY, OR OTHER PROTECTED STATUS**

<ul style="list-style-type: none">•••

WORK HISTORY

CURRENT OR LAST EMPLOYER			ADDRESS
OFFICIAL JOB TITLE			SUPERVISOR
FROM (MONTH/YEAR)			TO (MONTH/YEAR)
REASON FOR LEAVING			MAY WE CONTACT EMPLOYER?
STARTING PAY	ENDING PAY	HOURS/WEEK	OFFICIAL JOB TITLE
DETAIL OF DUTIES <ul style="list-style-type: none"> • • • • • • 			

CURRENT OR LAST EMPLOYER			ADDRESS
OFFICIAL JOB TITLE			SUPERVISOR
FROM (MONTH/YEAR)			TO (MONTH/YEAR)
REASON FOR LEAVING			MAY WE CONTACT EMPLOYER?
STARTING PAY	ENDING PAY	HOURS/WEEK	OFFICIAL JOB TITLE

DETAIL OF DUTIES • • • • • •
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CURRENT OR LAST EMPLOYER		ADDRESS	
OFFICIAL JOB TITLE		SUPERVISOR	
FROM (MONTH/YEAR)		TO (MONTH/YEAR)	
REASON FOR LEAVING		MAY WE CONTACT EMPLOYER?	
STARTING PAY	ENDING PAY	HOURS/WEEK	OFFICIAL JOB TITLE
DETAIL OF DUTIES • • • • • •			

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS FOR THE JOB FOR WHICH YOU ARE APPLYING. ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE A PPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZATIONS

I authorize investigation of all statements contained in this application and it is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or for separation from City service if I have been employed. I hereby authorize any person or organization whose name I have given as a reference, or by whom I have been previously employed, to furnish the Town of Spring City any information they may have concerning me, and I hereby release all such persons and organizations from any claims for damages. I hereby authorize investigation of my criminal conviction record. I further authorize any physician who has examined or treated me for Worker's Compensation claims to give you a complete record and report of findings and opinions. I agree, if employed, to abide by all the rules, regulations, and ordinances of the Town of Spring City. I understand that the completion of this application for employment does not constitute an offer of employment. I certify that the information I have given is true and correct to the best of my knowledge.

Signature (please sign full name)

Date



NOTICE

We are committed to a drug-free workplace

**ALL JOB APPLICANTS AND EMPLOYEES
ARE SUBJECT TO DRUG TESTING**

*Illegal Use or Possession
of
Drugs or Alcohol
May Lead to
Denial of Employment,
Termination,
and/or
Loss of Workers' Compensation Benefits!

T.C.A. Section 50-9-100 et. seq.

