TOWN OF TELLICO PLAINS

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

The town does not discriminate in ~~hiring or employment on the basis of race~~, color, religious creed, national origin, sex, or ancestry, or on the basis of age. No question on this application is intended to secure information to be used for discriminatory purposes due to these, or any other factors. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I hereby acknowledge that any employment by the Town is for an indefinite period of time and may be terminated by me or by the Town at any time with or without cause. I understand that no employee of the Town except the Mayor has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary t the foregoing and the Mayor may only do so in writing.

In processing this employment application, the Town may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, police record, personal characteristics and mode of living. You may request, in writing to the Mayor, disclosure of the scope of such an investigation within a reasonable time after completing this application. In the event of my employment by the Town, I will comply with all rules and regulations as set forth by the Town's policy.

I hereby acknowledge that I have read the foregoing and understand same.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have not deliberately withheld any pertinent information which might have impact on my employment possibilities.

_____ _____

Signature of Applicant Date

PLEASE ANSWER EVERY QUESTION, USING INK.

Print

Name: _____ Telephone Number: _____

(Last) (First) (Initial)

Address: _____ Length of time at address: _____

_____

FROM NOW ON, WRITE IN NORMAL HANDWRITING

Type of work desired: _____ Monthly salary expected: _____

Employment status desired (check): Date available for work: _____

_____ Full time _____ Part time

Social Security Number: _____

TOWN OF TELLICO PLAINS

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ – _____ – _____

Telephone (___) _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired __ FULL-TIME ONLY __ PART-TIME ONLY __ FULL- OR PART-TIME

When available for work?_____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? __ No __ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? __ Yes __ No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ __ Operator __ Commercial (CDL) __ Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing	__ Yes __ No	_____ WPM	10-key	__ Yes __ No	Word Processing	__ Yes __ No	_____ WPM
Personal Computer	__ Yes __ No	__ PC __ Mac	Other Skills	_____			

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes __ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? __ Yes __ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? __ Yes __ No

Did you complete this application yourself __ Yes __ No

If not, who did? _____