

Referred by Hendersonville City Employee: * _____



**CITY OF HENDERSONVILLE, TENNESSEE
TESTING APPLICATION FOR COMMUNICATIONS OFFICER**

1. Position applied for Communications Officer Fall 2009 Date of application _____

2. Name _____
(Last) (First) (Middle)

3. Present Mailing Address _____
(Street)

(City) (County) (State) (Zip)

Please notify us of any address/telephone number changes.

4. Telephone Number: Home _____ Work _____

May we contact you at work? ___ Yes ___ No

Cell/Pager _____ E-Mail _____

Alternate contact name: _____ Telephone Number _____

5. Are you known to schools or references by any other name? If so, state name you are known by:

6. If hired, on what date will you be able to start work? _____

MILITARY EXPERIENCE

7. Are you a veteran? Yes _____ No _____

If yes and claiming veteran preference points, Form DD-214 **must be provided.**

DRIVING SKILLS

8. Do you have a valid driver's license? _____ Yes _____ No

EDUCATIONAL BACKGROUND

9. Do you have a high school diploma or GED? _____ Yes _____ No

**(Name of referring employee must be provided at time of application for referral bonus to be paid to employee)*

HIGH SCHOOL AND SECONDARY

INSTITUTION

MAJOR

Associates Degree Yes No

Bachelors Degree Yes No

Masters Degree Yes No

WORK EXPERIENCE

10. Please list and provide information on current employer

Employer _____

Street Address _____

City, State, Zip _____

Supervisor _____ Business Phone _____

Job / Title or Work Performed _____

Dates Employed From _____ To _____

PERSONAL REFERENCES

11. Please use individuals who are familiar with your qualifications for work

Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

NOTICE TO APPLICANT

The City of Hendersonville, Tennessee is an equal opportunity employer and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits.

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, employment examinations or tests, and a demonstration of ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please call the following number: **(615) 822-1000** or **(615) 264-5314**.

Prior to completing this application, be sure to read the Job Description of the position for which you are applying. As you complete this application, please bear in mind the following:

- we reserve the right to check all information for accuracy and completeness
- all applications for employment are a matter of public record
- application must be signed to be valid

DECLARATION OF APPLICANT

I understand that the filing of this application merely places my name in consideration for employment and in no way guarantees me a job or a right to any job. I further understand that any falsification in this application or omission of a material fact may be grounds for rejection of my application or termination of employment.

I acknowledge that temporary and probationary employment as defined by the City's personnel rules may be terminated with or without cause and that employees of the City's classified service are afforded employment rights only as expressly provided for in the City's personnel rules.

I understand that consideration for employment in this position is contingent upon the results of a reference and background check. I, therefore, authorize the City of Hendersonville to investigate all statements made on my application for employment and to document such findings. I understand this application and supporting documentation are subject to the open records laws applicable to municipalities in the State of Tennessee and by law will have to be available for public inspection.

I further authorize any agents acting on behalf of the City of Hendersonville to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further I release from liability any individual contacted by and supplying information to the City of Hendersonville.

I agree to conform to the City of Hendersonville's drugs in the workplace policy and agree to submit to drug tests as required as a condition of my employment.

(Signature)

(Date)

ATTACHMENT A



Authority to Release Information

TO WHOM IT MAY CONCERN:

I hereby authorize any Police Officer, or other authorized representative of the Hendersonville Police Department or City of Hendersonville Personnel Department employee, bearing this release, or copy thereof, within two years of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Hendersonville Police Department and/or City of Hendersonville Personnel Department to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, the Hendersonville Police Department and/or City of Hendersonville Personnel Department and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may any time result in me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name _____

Signature _____

Date _____

Current Address _____

Telephone Number _____

Date of Birth _____

Driver's License Number _____ **State of Issue** _____

Last 4 Digits of Social Security Number _____

