

JOB APPLICATION



Position applied for: _____

Date of Application: _____

Name: _____
(Last) (First) (Middle Initial) (Preferred)

Address: _____
(Street) (Apt #)

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

Telephone Number: Home: (____) _____ Cell: (____) _____ Contact me by:
 phone
 Email: _____ email

Have you previously worked for the City of Hendersonville? Yes No
 If Yes, When? _____ Department: _____
 Who was your Supervisor? _____ Employment Type: Full Time Part Time

Do you any relatives currently working for the City of Hendersonville? Yes No
 If Yes, Who? _____ Relationship? _____

Are you a Veteran of the US Military? Yes No Are you 18 years of age or older? Yes No
 If Yes, please provide a copy of your DD-214 with application.

Have you ever been convicted of a Felony? Yes No
 If Yes, please provide information (attach another sheet if necessary):

If hired, when could you start? _____
 If hired, can you provide proof that you are eligible to work in the United States? Yes No
 Do you have a valid Driver's License? Yes No If CDL, provide CDL#: _____
 Are you able to perform the essential functions of this position for which you have applied? Yes No
 (Note: you may be asked to demonstrate your ability to perform the essential functions).

EDUCATION

Do you have a High School diploma or GED? Yes No

<i>Schools Attended</i>	<i>Major (for post High School)</i>	<i>Graduate (Y/N)</i>	<i>Degree/Diploma</i>

(A copy of your diploma(s) and/or official transcript(s) may be required depending on the position)

EMPLOYMENT HISTORY

Begin with current or most recent Employer. Use additional sheets if necessary.

Employer Name _____	Dates From _____ - _____
Street Address _____	City _____ State _____ Zip _____
Job Title _____	Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor _____	Business Phone (_____) _____
Reason for Leaving _____	

Employer Name _____	Dates From _____ - _____
Street Address _____	City _____ State _____ Zip _____
Job Title _____	Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor _____	Business Phone (_____) _____
Reason for Leaving _____	

Employer Name _____	Dates From _____ - _____
Street Address _____	City _____ State _____ Zip _____
Job Title _____	Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor _____	Business Phone (_____) _____
Reason for Leaving _____	

Employer Name _____	Dates From _____ - _____
Street Address _____	City _____ State _____ Zip _____
Job Title _____	Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor _____	Business Phone (_____) _____
Reason for Leaving _____	

SKILLS and QUALIFICATIONS

Summarize any special skills and/or qualifications acquired from employment or experiences that may qualify you to work for the City of Hendersonville, such as licenses, certifications, types of equipment operated, types of computer programs used, any professional or trade organizations you are involved in, etc.

PROFESSIONAL REFERENCES

Complete all information below for three (3) professional references. You must submit 3 references. Do not list family members.

Name _____	Phone # (_____) _____
Street Address _____	City _____ State _____ Zip _____
Relationship _____	Years Known _____
Email (not required) _____	

Name _____	Phone # (_____) _____
Street Address _____	City _____ State _____ Zip _____
Relationship _____	Years Known _____
Email (not required) _____	

Name _____	Phone # (_____) _____
Street Address _____	City _____ State _____ Zip _____
Relationship _____	Years Known _____
Email (not required) _____	

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 potential background check. I, therefore, authorize the City of Hendersonville to investigate all statements made on this Employment Application 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 Employment 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.

Applicant Signature

Date

****Applicant acknowledges that a typed name and date shall constitute their signature for applications completed and submitted electronically**

Were you referred by a current full-time City Employee? If so, who? _____

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. In accordance with Tennessee law, the City of Hendersonville is a Smoke-Free Workplace.

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) 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 Employment Application, please keep in mind the following:

- We reserve the right to check all information for accuracy and completeness.
- All Employment Applications are a matter of public record
- **Employment Application must be *SIGNED* to be valid.**

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. 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, 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.

Signature: _____ **Today's Date:** _____

Full Name: _____

Parent or Guardian (only if a minor): _____

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

Last 4 digits of SS#: _____

****Applicant acknowledges that a typed name and date shall constitute their signature for applications completed and submitted electronically**

