

PLEASE PRINT NAME: _____

Please complete **entire** Application for Employment carefully, accurately, and legibly. The City may consider the neatness and the completeness of an Application in selecting an employee.

**CITY OF SHELBYVILLE
APPLICATION FOR EMPLOYMENT**

City policy is to comply with applicable federal, state, and local laws and to provide an equal employment opportunity for all applicants for employment by hiring the individual who, based upon relevant factors including work quality, attitude, and experience, and excluding non-work related factors including race, color, religion, creed, sex, national origin, disability, or political affiliation, appears to the City to be the best qualified for the job. This equal employment opportunity policy applies to all City employment practices.

BEFORE completing this Application for Employment, read the job description for the job for which you are applying. It is attached to this Application. This Application will be considered for this job opening only. If you wish to be considered for any other job opening with the City, you will need to reapply at that time.

POSITION:

DEPARTMENT:

The City has a duty to provide, and will provide, reasonable accommodations to any person with a disability who requests one as part of the hiring process. The hiring process involves reading the job description and this Application for Employment, making written responses to this Application for Employment and participating in oral interviews. If testing is a part of the hiring process for this position, the test is described in the job description. If you wish to request an accommodation for the hiring process, please describe the accommodation requested and the reasons for the request below and speak with the City Recorder before completing the rest of the Application for Employment. If no accommodation is requested, write NONE in the space below.

REPRESENTATIONS BY APPLICANT

I understand the requirements for the job described on the attached job description, including the attendance requirements, and can perform all essential functions, with or without reasonable accommodation.

I have the legal right to work in the United States of America.

I authorize the City to investigate all statements contained in this **Application for Employment** and to discuss my qualifications with schools, former employers, and references. **I understand that my current employer will be contacted only if I have authorized this elsewhere in this Application for Employment.** I understand that any job offer for a position classified as safety sensitive will be conditioned upon receiving satisfactory results of a test for illegal drugs or alcohol misuse.

I have read and understand the felony and misdemeanor provisions in the job description and I meet these standards.

I understand that a job offer may be conditioned upon receiving satisfactory results of a physical agility test, a demonstration of an ability to perform the essential functions of the job, a medical examination or inquiry, or a psychological examination.

I understand that this Application for Employment, and the records of any such investigations or tests, are public records which the City cannot, as a matter of law, keep confidential.

I understand that misrepresentation of facts in this Application for Employment, or the omission of facts called for in this Application, may cause me not to be hired or, if hired, may cause me to be dismissed, suspended, or demoted.

I understand and agree that any employment offered me by the City will be for no definite period and may, regardless of the dates of payment of my compensation, be terminated at any time for any reason. I understand that, if offered a job, I am not guaranteed continued employment for any set term. I understand that no City official or employee has the authority to enter into any contract of employment with me and that I cannot rely on any oral or written statements to the contrary. I understand that the City's rules and benefits for employees are subject to change.

I understand all enclosed public buildings and public vehicles owned by the City of Shelbyville are smoke free in accordance with the Tennessee "Non Smoker Protection Act."

I understand that, if offered a full-time permanent position, during the first six (6) months following such employment, I shall be on probation. I understand that as a probationary employee, I shall be considered an employee at will. I understand I may be terminated without cause during the first six (6) months of full-time permanent employment.

Signature: _____ **Date:** _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Numbers: (_____) _____ (_____) _____

E-mail Address: _____

If offered the job, I could start work on:

If you are less than 21 years of age, state your age:

If the job requires a driver's license, state your driver's license number, the type of license, and any restrictions:

Have you ever been convicted of, pleaded guilty to, entered a plea of *nolo contendere* to, or received judicial diversion for a felony? Yes _____ No _____

If yes, please describe the conviction in detail:

Have you ever been convicted of, pleaded guilty to, entered a plea of *nolo contendere* to, or received judicial diversion for any misdemeanor charges involving DUI/DWI or alcohol, or use, possession, manufacture, or sale of controlled substances or drug paraphernalia within the past five (5) years? Yes _____ No _____

If you are related by blood or marriage to anyone who is, or who has been within the past two (2) years, the **City Manager, City Recorder, City Treasurer, City Judge, City Attorney, Mayor** or a member of the **City Council**, state their name and the relationship: _____

Have you previously been employed by the City of Shelbyville or its agencies? Yes _____ No _____

EMPLOYMENT

Describe below your last four employers, starting with most current. Do not omit an employment.

Name, address, and phone number of **CURRENT** or most recent employer:

Name and title of supervisor:

Job Title and Duties/Responsibilities:

Starting Salary: _____
Date left work: _____ Current or leaving salary: _____
Reason(s) _____ for _____ leaving:

**If currently employed, may we contact this employer? Yes _____
No _____**

1. Name, address, and phone number of PREVIOUS employer: _____

Name _____ and _____ title _____ of _____ supervisor:

Job _____ Title _____ and _____ Duties/Responsibilities:

Date began work: _____ Starting Salary: _____

Date left work: _____

Current or leaving salary: _____

Reason(s) _____ for _____ leaving:

2. Name, address, and phone number of PREVIOUS employer: _____

Name _____ and _____ title _____ of _____ supervisor:

Job Title and Duties/Responsibilities: _____

Date began work: _____

Starting Salary: _____

Date left work: _____

Current or leaving salary: _____

Reason(s) for leaving: _____

3. Name, address, and phone number of PREVIOUS employer: _____

Name and title of supervisor:

Job Title and Duties/Responsibilities: _____

Date began work: _____

Starting Salary: _____

Date left work: _____

Current or leaving salary: _____

Reason(s)for leaving: _____

List any previous employment with the City of Shelbyville or its agencies, if not noted above:

Department: _____

Position: _____

Date of employment: _____

EDUCATION AND ACTIVITIES

Name _____ and _____ Location _____ of _____ Grammar/Middle School _____

Last Year Completed _____ Did you graduate? Yes _____ No _____

Name _____ and _____ Location _____ of _____ High School _____

Last Year Completed _____ Did you graduate? Yes _____ No _____

Subjects Studied and Degree(s) Received _____

Name _____ and _____ Location _____ of _____ College _____

Last Year Completed _____ Did you graduate? Yes _____ No _____

Subjects Studied _____ and _____ Degree(s) Received _____

Trade, Business, Correspondence, or Graduate School:

Name _____ and _____ Location _____ of _____ School _____

Last Year Completed _____ Did you graduate? Yes _____ No _____

Subjects Studied _____ and _____ Degree(s) Received _____

Trade, Business, Correspondence, or Graduate School:

Name _____ and _____ Location _____ of _____ School _____

Last Year Completed _____ Did you graduate? Yes _____ No _____

Subjects Studied _____ and _____ Degree(s) Received _____

Areas of Special Study, Training, Skills, Equipment Expertise, Foreign Languages, Publications, Licenses, Certifications, Honors or Awards: _____

REFERENCES

Identify three persons, other than relatives, who have knowledge of your abilities and character:

Name _____
Phone (Day) _____
Address _____
Years Acquainted _____
Relationship _____

Name _____
Phone (Day) _____
Address _____
Years Acquainted _____
Relationship _____

Name _____
Phone (Day) _____
Address _____
Years Acquainted _____
Relationship _____

By signing this City of Shelbyville Application for Employment, I represent that all information is true and complete to the best of my knowledge:

Print

Name: _____

Signature: _____ **Date:** _____

AUTHORIZATION TO RELEASE INFORMATION

Because I have applied for employment with the City of Shelbyville, I have authorized the City of Shelbyville to investigate me.

I hereby authorize ALL persons, including educational institutions, employers, and personal references, to respond fully to verbal or written inquiries from the City of Shelbyville about me and to release any record, including educational, employment records and driver's license records, concerning me to the City of Shelbyville EXCEPT that I do not hereby authorize the release of any information or records concerning: (1)my medical history and (2)

(list any topic(s) for which disclosure is not authorized)

If I am applying for a position requiring a commercial motor vehicle driver's license, I specifically request that prior employers provide information about my participation, if any, in a controlled substances and alcohol testing program within the past two (2) years including specifically: information of any driver's alcohol test in which a breath alcohol concentration of 0.04 or greater was indicated; information on any driver's controlled substances test in which a positive result was indicated; and, any refusal to submit to a required alcohol or controlled substance test.

If I have been employed as a Tennessee law enforcement officer, I _____ waive
(do/do not)
notification of inspection as provided for in T.C.A. §10-7-503(c).

I hereby release and agree to hold harmless from any liability for participating in this investigation the City of Shelbyville and its representatives and, unless they furnish false information with malice or the willful intent to injure me, all persons, entities and businesses contacted by the City of Shelbyville. I understand that information and records provided to the City of Shelbyville are public records available for inspection by any citizen, including myself, upon request.

Copies of this Authorization to Release Information shall be as valid as the original. This Authorization shall remain in effect unless and until revoked in writing.

Print Name Date

Signature

APPLICANT - DO NOT WRITE BELOW THIS LINE

*
Received: _____ Date: _____ Time: _____

Interviewed _____ by: _____
Date: _____

Evaluation of Application and Interview:

Relevant
Experience _____
Attitude _____
Skill _____
Ability _____
Other _____

Accuracy of Application must be verified with at least one (1) employer or reference. Depending upon position and circumstances, additional investigation may be appropriate. Record source(s) checked and, for each, state date, method, name of investigator, and response received.

