

CITY OF DICKSON

600 East Walnut Street

Dickson, TN 37055

615-441-9508

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please read these statements carefully before you complete this application:

All statements made by applicants for employment on the application form will be carefully checked for accuracy. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin, disability, veteran or marital status.

Interdepartmental transfers and promotions are selected based on applicant's job qualifications, quality of work, experience, general aptitude, licensure and support and compliance of policies and procedures outlined by each department and the city.

The use of this form does not mean there are positions open and does not obligate us in any way. The application will remain on active file for a period of three (3) months from date of application and on active file for public safety employee positions for a period of one year from date of application.

ACKNOWLEDGEMENT

With regard to my employment application, I understand that as a part of normal procedure for processing employment applications and employment requests, a routine inquiry may be made to ascertain information on character, general reputation, credit, personal characteristics, etc. I understand that the City of Dickson or an investigative services firm employed by the City may conduct this inquiry. I authorize such investigation and acknowledge that information on the nature and scope of such a report, if one is made, will be available upon my written request. I agree to hold harmless the city from liability for information that may appear on such reports.

I further authorize the City of Dickson or other agency on its behalf to contact references and employers listed, and also authorize release of records or information in connection with a criminal record search in connection with my history, past or present.

I understand this application will be given consideration but its receipt does not imply that I will be employed. If I should enter into employment with the City of Dickson, I agree to be subject to rules and regulations governing municipal personnel.

I hereby affirm that to the best of my knowledge all information I am furnishing is true and correct. I understand that if any information requested in this application is false or omitted with the effect of misrepresentation, it will be sufficient grounds for my immediate termination from the employ of the City of Dickson.

LAST NAME

FIRST NAME

MIDDLE

SIGNATURE OF APPLICANT

APPLICATION FOR EMPLOYMENT

Please Print

Position Applied For _____ Application Date ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone () _____ Cellular/Other # () _____ E Mail Address _____

Shift Preferred _____ (1st) _____ (2nd) _____ (3rd) _____ Any

Would you accept full-time work? _____ Yes _____ No Would you accept part-time work? _____ Yes _____ No

On what date would you be available for work? _____

If necessary, best time to call you is _____ A.M. _____ P.M. _____ Home _____ Cellular/Other

Have you submitted an application here before? _____ Yes _____ No If yes, please give date(s) and position (s): _____

Have you ever been employed here? _____ Yes _____ No If yes, please give dates: _____

Have you ever worked under another name? _____ Yes _____ No If yes, please list _____

Are you over the age of 18? _____ Yes _____ No

If you are under 18 years old, can you provide a work permit if required? _____ Yes _____ No

Are you eligible for employment in the United States? (If yes, proof is required if hired.) _____ Yes _____ No

Will you travel if required? _____ Yes _____ No Will you work overtime if required? _____ Yes _____ No

If they have been explained to you, are you able to meet the attendance requirements of the position? _____ Yes _____ No

Have you ever been bonded? _____ Yes _____ No Have you ever been refused bond? _____ Yes _____ No

Have you ever held a position of trust (handling money or confidential material)? _____ Yes _____ No

Please provide your driver's license number, if driving is required for this job. _____ State _____

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? _____ Yes _____ No
If yes, please provide date(s) and details:

Employment Experience

Place and X by the employer(s) you DO NOT want us to contact. List your recent employer first.

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone () _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting _____ final _____

Work performed _____

Reason for Leaving _____

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone () _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) _____ to mm/yy _____ Hourly rate/salary: starting _____ final _____

Work performed _____

Reason for leaving _____

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone () _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) _____ to mm/yy _____ Hourly rate/salary: starting _____ final _____

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Job Title _____ Supervisor _____

Dates employed: from (mm/yy) _____ to mm/yy _____ Hourly rate/salary: starting _____ final _____

Work performed _____

Reason for leaving _____

Employer _____

Contact Name _____ E-mail _____

Address _____ Phone () _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) _____ to mm/yy _____ Hourly rate/salary: starting _____ final _____

Work performed _____

Reason for leaving _____

Employment Experience (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been discharged or requested to resign from a job? ____ Yes ____ No

If yes, please explain: _____

Education Background

High School: _____ Location: _____

Course of Study _____ Did you graduate? ____ Yes ____ No Degree or diploma _____

College: _____ Location: _____

Course of Study _____ Did you graduate? ____ Yes ____ No Degree or diploma _____

Graduate School: _____ Location: _____

Course of Study _____ Did you graduate? ____ Yes ____ No Degree or diploma _____

Vocational Training/Other: _____ Location: _____

Course of Study _____ Did you graduate? ____ Yes ____ No Degree or diploma _____

Continuing Education: _____

Special Training or Skills

Languages or machine operation _____

Special Licensure/Certification _____ Expiration Date: _____

Has license or certification ever been revoked, suspended or voluntarily relinquished ____ Yes ____ No

If yes, please explain: _____

Social Security Number

SS# _____ - _____ - _____ The City of Dickson will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

Applicant Statement

By my signature below, I voluntarily and knowingly agree to the following:

I understand that any offer of employment may be contingent on the successful completion of a test for alcohol and drug screening and I will upon request sign all necessary consent forms. I agree to take any such physical or medical examinations requested during my employment to determine my "fitness for duty". I understand that all employees, due to the critical nature of their work and the impact on the general public, may be asked to submit to random substance screening at the discretion of the city or in order to comply with mandated testing. I understand that refusal to submit to any physical or medical examination ordered by the city is grounds for rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the city and is exclusively the city's property.

I consent to submit to and cooperate in any questioning or searches of my assigned vehicle, if applicable, or locker or storage area, or bags or other belongings on or in the city's property that the city at its discretion may request. I further understand that the refusal to submit to or cooperate in such procedures may be deemed grounds for disciplinary action up to and including immediate discharge.

I agree to notify the city if, because of a physical or mental disability, I require an accommodation to complete the application process, to complete any pre-employment testing, or if employment is offered, to perform any essential function of the job for which I have applied.

I agree to be employed on a 180 day introductory basis and I understand that I may be dismissed at any time during this period at the discretion of the employer. This also pertains to Police and Fire Department employees who work a 180 day introductory basis after formal training. If employed, I agree to observe all present and subsequently issued personnel rules and policies. These rules and policies are intended to guide the organization in its relationship with its employees. They are not a contract of employment, and I do not construe them as such. I understand that the city may revise policies or procedures, in whole or in part, at any time, with or without notice.

I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way that I may be subject to dismissal without notice, if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize past employers, references, and any other or all persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages for having furnished such information. I further agree and understand that employment is terminable at the will of either the employee or employer.

I understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

The City of Dickson does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Signature of Applicant: _____ Date: _____