

PROFESSIONAL DATA

Please answer all questions completely.

Special Licensure/Certification _____ Expiration Date: _____

Has license or certification ever been revoked, suspended or voluntarily relinquished ___ Yes, ___ No

If yes, please explain: _____

ELIGIBILITY TO WORK

Are you over the age of 18? ___ Yes, ___ No Have you worked here before? ___ Yes, ___ No

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

Are you a citizen of the United States? _____ Yes, ___ No

If not a citizen, can you provide proof that you can legally be employed in the U.S. ___ Yes, ___ No

Have you ever been bonded? ___ Yes, ___ No Have you ever been refused bond: ___ Yes, ___ No

If refused, state reason and date: _____

Have you ever been convicted of a crime except a minor traffic violation? ___ Yes, ___ No

If so, state date, court and place where offense occurred: _____

Have you ever been discharged or requested to resign from a position? ___ Yes, ___ No

Why do you desire to make a change? _____

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

EDUCATION

<i>Type of School</i>	<i>Name & Address of School</i>	<i>Courses/Major</i>	<i>Circle Yr</i>	<i>Give Degree</i>
High School	_____	_____	1 2 3 4	_____
College	_____	_____	1 2 3 4	_____
Others	_____	_____	1 2 3 4	_____

Special Classes/ Courses:

EMPLOYMENT HISTORY

Account for all periods of employment for the past 10 years, beginning with your present or last position and working back. Include military service if applicable. An accurate description of your work in each position may be the determining factor in selecting you for employment or for promotion transfer, or retention after employment.

Present or Last Employer _____ May we contact? ___ Yes, ___ No

Street Address _____ City _____ State _____

Name Under Which Employed _____ Employer Phone No. _____

Starting Date _____ Date Last Employed _____ Job Title _____

Reason for Leaving _____ Last Salary _____

Present or Last Employer _____ May we contact? ___ Yes, ___ No

Street Address _____ City _____ State _____

Name Under Which Employed _____ Employer Phone No. _____

Starting Date _____ Date Last Employed _____ Job Title _____

Reason for Leaving _____ Last Salary _____

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Street Address _____ City _____ State _____

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Starting Date _____ Date Last Employed _____ Job Title _____

Reason for Leaving _____ Last Salary _____

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Street Address _____ City _____ State _____

Name Under Which Employed _____ Employer Phone No. _____

Starting Date _____ Date Last Employed _____ Job Title _____

Reason for Leaving _____ Last Salary _____

REFERENCES

Name three persons, not relatives, who have known you for at least two years.

Name	Address	Business & Position	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job Applicant's Agreement & Certification

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

I consent to take any physical or medical examination, including blood and urine or other tests for alcohol and drugs, requested by the City of Dickson in connection with the processing of my application for employment. I agree to take any such physical or medical examinations requested during my employment to determine my "fitness for duty". I understand that public safety 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 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 the 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. 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, doctors, all 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.

Signature of Applicant: _____ Date: _____