TOWN OF DANDRIDGE

131 E. Main Street P.O. Box 249 Dandridge, TN 37725 865-397-7420

APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY. PROOF OF CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED. ALL JOB APPLICATIONS AND ACCOMPANYING MATERIALS ARE A MATTER OF PUBLIC RECORD BY STATE LAW.

(PLEASE PRINT)				
DATE	POSITION DESIRED:			
	Soc. Sec. #			
Address				
Phone No. (home)			(other)	
E-Mail Address:				
Have you ever been employed I	y the City?	Yes	No	
If yes, list dates of employment	and the depar	tment you	worked for:	
Are you employed now? Yes _	No			
Date you are available for work	:			
Are you available to work: Full-	time	_ Part-time	Shift	Temporary
Are you on layoff subject to rec	all? Yes	No		
Are you legally eligible to work	n the United S	States? Yes	No	
List other names (alias) you are				
Veteran of the U.S. Military serv				
If you are employed, why do yo				
Give three references who are I		. – – – – – – –		mnlovers:
NAME		DRESS	e Not previous e	TELEPHONE
FOR OFFICE USE ONLY*Background Check		Approve		Date:

Name

EDUCATION: List School Name & City/State

Years Completed Diploma/Degree

Elementary	Years Completed		
High School	Years Completed	Diploma	
riigii School	rears completed	Бірібіна	
College	Years Completed	Diploma/Degree	Course of Study
Graduate	Years Completed	Diploma/Degree	Course of Study

ther training/certification received:	
ummarize special skills and qualifications acquired from employment or other:	

EMPLOYMENT RECORD

Will your present/ days work? Yes _		• •	nat you attended regularly and performed a	reasonable
List all present and use additional pap		•	ou have never been employed please state s	o. You may
[Yes	No	cted regarding your work performance and history?	
			Phone No.	
Dates of Employm Title of Position: _	ent: from	to	Salary \$	
		******	**************	***
Supervisor: Dates of Employm Title of Position: _	ent: from	to	Phone No Salary \$	
******	*****	*******	************	******
			Phone No	
Title of Position: _			Salary \$	

** DRIVER APPLICANTS ONLY **

List any other employers you worked for		
List states in which you held a Commercia	al Drivers License (CDL) in the last 3 y	/ears:
I certify that I (have) (have not) taken a c date(s) date(s)	company(s)	
I further certify that the following is a true which I have knowingly been convicte	d of or forfeited bond or collate	eral during the last 12 months:
Ever convicted of reckless driving?		
Ever convicted of reckless driving? Ever convicted of speeding? working?	How many times?	If yes, where were you
Do you now hold a valid CDL?		
Expiration date License #	State	

Application for Employment

IMPORTANT - READ VERY CAREFULLY!!

I understand that falsified information, misrepresentations, or omission of significant or relevant information may disqualify me and my application from further consideration for employment and will be considered just cause for dismissal if discovered at any time without previous notice. I understand that this application is not and is not intended to be a contract of employment nor is it an invitation for an interview.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying material) to provide any information orally and/or in writing that may be requested to arrive at an employment decision and waive any right of privilege, privacy and/or confidentiality I may have in this information and hereby release the City of any liability a result of such contact. I further understand that my first 6 months of employment with the City shall be a trial period, and further that at any time during the trial period and thereafter, my "at will" employment relationship with the City is terminable for any reason by either party. I understand that the City may unilaterally change or revise fringe benefits, policies and procedures and such changes may include reduction in benefits. I understand that my employment is contingent upon meeting the requirements of the Immigration Reform and Control Act of 1986. If no action is taken within 365 days of signature, it will be destroyed.

I acknowledge that I have received a copy of the job description for the open position of employment, that I understand the duties and responsibilities of the position and I am capable of performing each duty listed.

I hereby affirm that the information provided on this application (and any accompanying material) is true and complete to the best of my knowledge.

I acknowledge by signing this application that I consent to a full background check and that completion of a background check is a contingency of my employment.

Name	Date