

*131 East Church Street
Lewisburg, TN 37091
(931)-359-1544*

CITY OF LEWISBURG, TENNESSEE



APPLICATION FOR EMPLOYMENT

Date

Applicant Name

Position Applied

APPLICATION FOR EMPLOYMENT

THE CITY OF LEWISBURG IS AN AT WILL AND 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.

Overview of hiring and employment process: This *Application* is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an 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: 931-359-1544.

Prior to completing the *Application* be sure to read the JOB DESCRIPTION of the position for which you are applying. As you complete this *Application*, please bear in mind the following:

- * we reserve the right to check all information for accuracy and completeness**
- * all applications for employment are a matter of public record**
- * if you need accommodation in order to complete this *Application*, please notify the municipality**

GENERAL INFORMATION

Date: _____ **Position Desired:** _____

Are You Applying For: _____ full time _____ part time _____ seasonal

If Part Time, What Days/Hours Are You Available: _____

Have You Applied With the City Before? (circle) Yes No

Have You Been Employed By the City Before? (circle) Yes No

YOUR EDUCATION AND TRAINING

High School Attended: _____

	City		State
Do You Have a High School Diploma? (circle)	Yes		No

Please List Other Education You Have Received:

College/University/ Trade or Business Schools Attended	City/State	Degree Earned? __ Type Degree	Major Area of Study
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List Other Training Received (special course, work training programs, armed forces training, etc.) _____

List Special Qualifications and Skills (licenses, skills with machines, patents or inventions, publications, etc.)

Based on the JOB DESCRIPTION of the position for which you are applying:

Are you able to perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? Yes No

REFERENCES

Please List three or four persons, other than relatives or former employers who have knowledge of your character and/or abilities:

<u>Name</u>	<u>Mailing Address</u>	<u>Yrs. Known</u>	<u>Phone</u>

PRIOR EMPLOYMENT RECORD

List Below All Present and Past Employment Information and/or Substantive Volunteer Work:

Name and address of current or most recent employer: _____

Phone Number () _____ **Your Supervisor:** _____

Your Job Title/Responsibilities: _____

Date Hired: _____ **Date Left:** _____

Reason For Leaving: _____

Starting Salary: _____ **Ending Salary:** _____

May We Contact This Employer? (circle): Yes No

PRIOR EMPLOYMENT RECORD (Continued)

Name and address of previous employer: _____

Phone Number:() _____ **Your Supervisor:** _____

Your Job Title/Responsibilities: _____

Date Hired: _____ **Date Left:** _____

Reason For Leaving: _____

Starting Salary: _____ **Ending Salary:** _____

May We Contact This Employer? (circle): Yes No

Name and address of previous employer: _____

Phone Number: () _____ **Your Supervisor:** _____

Your Job Title/Responsibilities: _____

Date Hired: _____ **Date Left:** _____

Reason For Leaving: _____

Starting Salary: _____ **Ending Salary:** _____

May We Contact This Employer? (circle): Yes No

*******IMPORTANT*******

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Applicant Signature

Date

To Be Completed By Employer

ACCEPTANCE DATA

DEPARTMENT	JOB DESCRIPTION	EMPLOYEE NO.
SHIFT	SUPERVISOR	PHYSICAL EXAM
RATE OF PAY	START DATE	PROBATION PERIOD
DEPARTMENT HEAD APPROVAL	DATE	CITY MANAGER APPROVAL
OTHER: _____		