

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

# Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

(PLEASE PRINT PLAINLY)

## PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

No. Street

City

State

Zip

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_ No \_\_\_ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes \_\_\_ No \_\_\_ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for \_\_\_\_\_

Were you previously employed by us? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To employer:** The right to ask questions concerning convictions varies from state to state and is subject to change. If you wish the applicant to answer the following question, and are legally permitted to do so, please check the box next to the question *and* fill in the legally appropriate time period for your state.

**To applicant:** Do *not* answer the following question unless the employer has checked the box next to the question *and* filled in the blank prior to the word years.

Have you been convicted of a major crime \_\_\_\_\_ ? Yes \_\_\_ No \_\_\_  
(Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court.)

If yes, please give the conviction date and nature of the offense. \_\_\_\_\_

\_\_\_\_\_ A conviction record will not necessarily bar employment.

(Turn to Next Page)

## EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer II? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer III? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer IV? Yes \_\_\_\_\_ No \_\_\_\_\_

Signed \_\_\_\_\_

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree			
Elementary		X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes\_\_\_ No\_\_\_

If yes, what is the best time to call? \_\_\_\_\_

May we telephone you to follow up on this application at work? Yes\_\_\_ No\_\_\_

If yes, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

### PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

\_\_\_\_\_  
Signature of Applicant

**APPLICANT - Do not write on this page**  
**FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

**FOR TEST ADMINISTRATOR'S USE**

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

**REFERENCE CHECK**

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
I		IV	
II			
III			

\*See Page 2

This "Application for Employment" is prepared for general use throughout the United States. Our legal counsel has advised us that it complies with all Federal and State fair employment practice laws and with the Fair Credit Reporting Act. However, the various fair employment practice laws and related statutes and the interpretations of them change frequently, and neither V.W. Eimicke Associates, Inc. nor its counsel assume any responsibility for the inclusion in this "Application for Employment" of any questions that may violate local and/or state and/or federal laws.

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PAUL M. HENDRICKS  
Mayor

PHILLIP A. NOBLETT  
Town Attorney

HONNA K. ROGERS  
Town Manager



HERSHEL DICK  
Vice Mayor

ANNETTE ALLEN  
Councilmember

BILL LUSK  
Councilmember

SUSAN ROBERTSON  
Councilmember

## Town of Signal Mountain

1111 RIDGEWAY AVENUE  
SIGNAL MOUNTAIN, TENNESSEE 37377  
423-886-2177

The Town of Signal Mountain Does not discriminate on the basis of disability and will make reasonable accommodations for the disabled upon request.

*Honna Rogers*

Honna Rogers, Town Manager

I hereby give the authority to \_\_\_\_\_ to release medical findings, including laboratory reports, which are obtained at the time of my employment physical for the Town of Signal Mountain. This medical information will be released only to the Town Manager.

I certify that I have a valid drivers license, a copy of which is hereby attached.

\_\_\_\_\_  
Applicant