

City of La Vergne, Tennessee

5093 Murfreesboro Road, La Vergne, TN 37086 ♦ (615) 793-6295

Application for Employment

POSITION DESIRED _____

THE CITY OF LAVERGNE IS AN 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 the 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 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 615-793-6295.

As you complete this Application, please bear in mind the following: (1) we reserve the right to check all information for accuracy and completeness, (2) all applications for employment are a matter of public record, and (3) if you need accommodations in order to complete this Application, please notify the municipality.

GENERAL INFORMATION

Date: ____/____/____ Are you applying for: Full Time Part Time Seasonal

Have you been employed by the City before? YES, when? _____ NO

If YES, Please give the Job Title or a brief description of your duties: _____

Are you related to any person currently employed by the City? YES NO

PERSONAL INFORMATION

Name: _____ Phone Number: _____

Address: _____ Alternate Phone: _____

_____ E-Mail Address: _____

What is the best time to contact you? A.M. P.M.

What is the best way to contact you? Mail Phone Alternate Phone E-Mail

Do you have a Legal Right to work in the U.S.? YES NO

Are you over the age of 18 ? YES NO

Have you ever been convicted of a felony? YES NO

(Note: This may be relevant if job-related but does not bar you from employment.)

Drivers License number (if required by job) _____ State: _____

EDUCATION & TRAINING

	High School	Technical / Vocational	College / University	Graduate / Professional
School Name				
City, State				
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Major Field				
Type of Diploma / Degree				

If you did not receive a High School Diploma, do you have a G.E.D.? YES NO

Please list other training or special qualifications: _____

REFERENCES

	NAME	MAILING ADDRESS	YEARS KNOWN	PHONE
1				
2				
3				

EMPLOYMENT EXPERIENCE

**PLEASE LIST ALL JOBS THAT YOU HAVE HELD DURING THE LAST TEN (10) YEARS.
POLICE DEPARTMENT APPLICANTS MUST LIST ALL JOBS HELD SINCE THE AGE OF 18.**

Most Recent or Present Employer: _____

Mailing Address: _____

Phone Number: _____ Supervisor: _____

Supervisor Title: _____ Job Title: _____

Employment Dates: ___/___/___ TO ___/___/___ Ending Wage: \$_____ PER _____

Describe Position Duties: _____

Reason for Leaving: _____

May we contact this Employer? YES NO

Past Employer: _____

Mailing Address: _____

Phone Number: _____ Supervisor: _____

Supervisor Title: _____ Job Title: _____

Employment Dates: ___/___/___ TO ___/___/___ Ending Wage: \$_____ PER _____

Describe Position Duties: _____

Reason for Leaving: _____

May we contact this Employer? YES NO

Past Employer: _____

Mailing Address: _____

Phone Number: _____ Supervisor: _____

Supervisor Title: _____ Job Title: _____

Employment Dates: ___/___/___ TO ___/___/___ Ending Wage: \$_____ PER _____

Describe Position Duties: _____

Reason for Leaving: _____

May we contact this Employer? YES NO

Past Employer: _____

Mailing Address: _____

Phone Number: _____ Supervisor: _____

Supervisor Title: _____ Job Title: _____

Employment Dates: ___/___/___ TO ___/___/___ Ending Wage: \$_____ PER _____

Describe Position Duties: _____

Reason for Leaving: _____

May we contact this Employer? YES NO (If more space is needed, please use an additional sheet of paper.)

IMPORTANT

I hereby affirm that the information provided on this application (and accompanying documents, 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 hereby understand and acknowledge that the City of La Vergne is a Drug-Free Workplace and that I will be required to abide by all regulations relating to the use of drugs and alcohol.

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Board of Mayor and Aldermen of the City of La Vergne. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature _____

Date _____

Witness _____

Date _____

For Office Use Only

Reference Checks: Completed on ____/____/____ Completed By: _____

Reference Notes

Reference #1: _____

Reference #2: _____

Reference #3: _____

