



City of Elizabethton, Tennessee  
**Employment Application**

Human Resources completes:

Human Resources Department  
136 South Sycamore Street  
Elizabethton, TN 37643  
423-547-6248 or 423-547-6282

Date Received:

Filer's Initials:

The City of Elizabethton is an Equal Employment Opportunity Employer and does not discriminate on the basis of race, creed, color, national origin, sex, religion, age, or disability status in employment.

**PERSONAL INFORMATION**

Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Are you a citizen of the United States of America?  Yes  No (If yes, verification will be required upon employment)

Are you of legal age to work?  Yes  No Email Address \_\_\_\_\_

Do you possess a valid driver's license?  Yes  No License Number \_\_\_\_\_ State \_\_\_\_\_

**GENERAL INFORMATION**

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

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

If employment is extended, on what date will you be available for work? \_\_\_\_\_

List qualifications including any licenses and certifications below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION INFORMATION**

Select the highest grade level completed

Have you graduated from High School?  Yes  No

Name/Location of School	Attended Credits	Received/Hours	Course of Study	Degree Obtained
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High School

College

Other (Specify)

**MILITARY SERVICE**

Branch of Service	Date Entered	Date of Discharge	Rank
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EQUAL OPPORTUNITY EMPLOYER

## CITY EMPLOYED FAMILY

List below any relatives (first cousins or closer) employed by the City.

Full Name	Relationship	Department	Position

## WORK HISTORY

Current or Last Employer	Address

Telephone	Name of Supervisor	From (Month/Year)	To (Month/Year)

Hours per Week	Starting Salary	Ending Salary	Reason for Leaving

Give a detailed job description:

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Give a detailed job description:

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Hours per Week	Starting Salary	Ending Salary	Reason for Leaving

Give a detailed job description:

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

Signed \_\_\_\_\_

**REFERENCES**

Please provide three, non-family references. Do not list your religious leaders, or any supervisors previously listed.

Full Name	Years Known	Occupation	Address	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OTHER INFORMATION \*PLEASE COMPLETE THIS SECTION\***

Have you applied for a job with the city in the past? If yes, please give the date of application and the position for which you applied. State your name at that time, if different from your present name.

\_\_\_\_\_

Do you have any experiences from your military service that would be relevant to the job(s) for which you are applying? If yes, please explain.

\_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with the City? If yes, please explain.

\_\_\_\_\_

Have you been convicted of a crime (felony or misdemeanor), or released on probation or released from a federal, state or local detention facility in the past? If yes, please explain.

Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered.

\_\_\_\_\_

**IMPORTANT**

**Please Read Carefully Before Signing**

By my signature placed below I promise that the facts set forth in my application (and accompanying resume, if any) for employment are true and complete. I understand that if employed, any false statements on this application may result in my dismissal. I agree to immediately notify the city if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired. I further understand 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 decided to employ me. 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 writing signed by an officer.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I authorize the City of Elizabethton to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that the city may request an investigative consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the city within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the city with relevant information and opinion that may be useful to the city in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements. If I am being considered for a DOT position, I understand that my safety performance history will be investigated.

I give permission for a complete post offer employment physical examination and drug screening, and I consent to the release to the city of any and all medical information, as may be deemed necessary by the city in judging my capability to do the work for which I am applying.

I understand that if my employment is terminated by the city for dishonesty, breach of trust, or any criminal acts the authorities may be notified; and I may be notified and criminally prosecuted.

I understand and agree that, if hired, **MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME**, and may, regardless of the date of payment of my wages or salary, **BE TERMINATED AT ANY TIME**. I understand that **NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM**.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER



**ELIZABETHTON POLICE DEPARTMENT**

**CITY OF ELIZABETHTON**

136 South Sycamore Street  
Elizabethton, TN 37643

Phone: 423-547-6419 Fax: 423-542-3768



**Only one name per sheet! List birth name and married names on separate forms.** The findings of the background checks are based solely on the information provided and are NOT based on fingerprint comparison. The record(s) if any, will only be of local jurisdiction and only applies to the Elizabethton Police Department’s jurisdiction.

**ID Required**

**Angela Lyons**

Name of Person making request

**City of Elizabethton, HR Director**

Agency and Title of person making request

Phone #

**423-547-6248**

Fax #

**423-297-9118**

I \_\_\_\_\_ give permission to the local law enforcement agencies to check for and make available to the inquiring agency any and all information concerning any police record on file regarding myself.

Last Name _____	Social Security # _____
First Name _____	Drivers License # _____
Address _____	
City _____	State _____ Zip _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Records Clerk