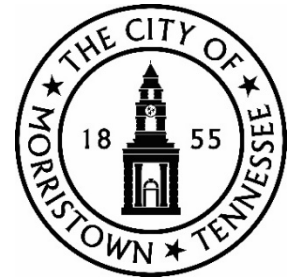


# CITY OF MORRISTOWN

## Employment Application

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**THE CITY OF MORRISTOWN IS AN EQUAL OPPORTUNITY EMPLOYER** and does not discriminate with regard to employment opportunities and benefits on the basis of race, color, religion, sex, age, national origin, genetic information, physical or mental disability, or status as a disabled or Vietnam era veteran or any other recognized protected group.

**Overview of the hiring and employment process:** This Application is but one part of the hiring and employment process. All statements on this application will be verified. Any misrepresentation or omission may be grounds for disqualification for employment consideration or continued employment. If you need accommodations in order to complete any part of the hiring process, please ask the Human Resource Representative.

Be sure to read the **JOB DESCRIPTION** of the Position for which you are applying prior to completing this Application. As you complete this Application, bear in mind the following:

\*We reserve the right to verify all information for accuracy and completeness.

\*All applications for employment are a matter of public record.

\*If you need accommodations in order to complete this Application, please ask for assistance.

This employment application will remain active for a period of 12 months from the date of application. To be considered for employment after that time, a new application is required.

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ SOCIAL SECURITY NO. : \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

Have you been employed by the City before?  Yes  No If so, when? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, explain: \_\_\_\_\_

Do you currently have any relatives working for the City?  Yes  No

**EDUCATION**

HIGH SCHOOL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DID YOU GRADUATE?  Yes  No      DEGREE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DID YOU GRADUATE?  Yes  No      DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DID YOU GRADUATE?  Yes  No      DEGREE: \_\_\_\_\_

**WORK PLACE REFERENCES**

*Please list three professional references.*

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PERSONAL REFERENCES**

*Please list three personal references.*

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ STARTING SALARY \$ \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_  
RESPONSIBILITIES: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ STARTING SALARY \$ \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_  
RESPONSIBILITIES: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ STARTING SALARY \$ \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_  
RESPONSIBILITIES: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  Yes  No

**MILITARY SERVICE**

BRANCH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
RANK AT DISCHARGE: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

Based on the job description of the position for which you are applying:

Are you able to perform the essential functions of the job which you are applying for?  Yes  No

Note: You may be asked to demonstrate these essential functions.

**APPLICANT'S STATEMENT**  
**Important – Please read before Signing**

By my signature placed below, I certify that the information provided in this employment application and accompanying resumé (if any) is true and complete and I understand that any misrepresentation or omission may be grounds for disqualification for employment consideration or continued employment.

I authorize the investigation of all statements contained in this application (and accompanying resumé, if any.) I also authorize the City to contact my present employer (unless otherwise noted on this form), past employers and references. I understand that the City may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and I have specifically authorized such an investigation in conjunction with this application for employment.

I authorize any person, school, current employer, past employer, and organization named in this job application (and accompanying resumé, 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.

I hereby consent to a complete physical examination, including x-rays after an offer of employment has been made. I hereby agree to a drug screening examination prior to or after an offer of employment. I understand that said offer is contingent upon the satisfactory results of any physical examination or drug screening. Further, I consent to the release to the City of any and all medical information as may be deemed necessary by the City.

I understand and agree that, if hired, my employment is for no definite period of time, and may regardless of the date of payment or stated terms of my wages or salary, be terminated at any time unless restricted by ordinance or otherwise. I understand and agree that my employment relationship with the City, if hired, is an employment-at-will relationship and may be terminated by either me or the City at any time with or without cause, unless restricted by ordinance or otherwise.

I understand that no person is authorized to change the terms mentioned in this employment application and I understand that this employment application is not, and is not intended to be, a contract of employment.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Human Resources*

\_\_\_\_\_  
*Date*

**AUTHORIZATION TO RELEASE INFORMATION**

To whom it may concern:

I understand that the City or an agent of its choice may conduct a thorough background investigation before rendering a final decision regarding my eligibility for employment. This investigation may include inquires as to my abilities, character, reputation, and physical fitness, to fulfill the essential functions of the position for which I am applying.

To facilitate this investigation, I do hereby give my consent and authority for any educational institution, hospital, medical doctor, police agency or credit reporting agency to furnish information from their records to the City, or an agent of its choice.

With regard to any credit reporting agency which might be contacted by the City, or any agent of its choice: I understand that I may inquire as to the identification of those credit reporting agencies contacted and the City will advise me as to their identity and the nature and scope of the information they furnished, upon receipt of my written request for such.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Human Resources*

\_\_\_\_\_  
*Date*

FULL NAME OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

**STOP – READ CAREFULLY**  
If you are **NOT APPLYING** for a Police or Fire position, you have now completed this application.  
If you **ARE APPLYING** for a Police or Fire position, continue completing this application.

I HEREBY MAKE APPLICATION to take an examination, which if satisfactory, will place me on the eligibility list of the Civil Service Board for the position of either Fire Fighter or Police Officer.

- Applicant must be:
- \* A minimum age of 21 years.
  - \*Of good physical and mental health
  - \*Able to perform the essential functions of the job.
  - \*Able to satisfy psychological fitness for law enforcement work as determined by a psychological examination.
  - \*Able to meet the Fire Fighters professional qualifications as established by the National fire Protection Association.

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*Applicant Signature*

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*Date*

I CERTIFY THAT I AM 21 YEARS OF AGE OR OLDER.

Are you a U.S. Citizen?  Yes  No

Can you read and write in the English language?  Yes  No

Do you currently have fingerprint information on file at the Tennessee Bureau of Investigation?  Yes  No

Have you ever been convicted of a felony or misdemeanor (other than minor traffic offences)?  Yes  No

If yes, explain:

A FELONY OR MISDEMEANOR INVOLVING MORAL TURPITUDE PRECLUDE ANY POSSIBILITY OF EMPLOYMENT IN CIVIL SERVICE

# CITY OF MORRISTOWN

## Affirmative Action Survey

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IMPORTANT - All Applicants/Employees Read: To enable the City to meet government reporting regulations, applicants/employees are requested (but not required) to complete this personal data sheet. Information will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

REFERRAL SOURCE:

- Advertisement  Recruiter   
Walk In  Other   
Friends/Family

\_\_\_\_\_ White: (not of Hispanic origin) All persons having origins in any of the people of Europe, North Africa, the Middle East.

\_\_\_\_\_ American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.

\_\_\_\_\_ Asian, Pacific Islander, or Native Hawaiian. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim and Sri Lanka.

\_\_\_\_\_ Black or African American: (not of Hispanic origin.) All persons having origins in any of the Black racial groups.

\_\_\_\_\_ Hispanic or Latino. All persons of Mexico, Puerto Rico, Cuban, Central or South America or other Spanish culture.