



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
High School				
College				
Other (Specify)				

MILITARY SERVICE

Branch of Service	Date Entered	Date of Discharge	Rank

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

Job Title (provide job duties below): _____

Previous Employer

Address

Telephone

Name of Supervisor

From (Month/Year)

To (Month/Year)

Hours per Week

Starting Salary

Ending Salary

Reason for Leaving

Job Title (provide job duties below): _____

Previous Employer

Address

Telephone

Name of Supervisor

From (Month/Year)

To (Month/Year)

Hours per Week

Starting Salary

Ending Salary

Reason for Leaving

Job Title (provide job duties below): _____

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

Signed _____

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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

EQUAL OPPORTUNITY EMPLOYER



Voluntary Self Identification Form (Applicant)

Name: _____ Date: _____

Signature: _____

Voluntary Self-Identification of EEO Status

The City of Elizabethton is required to develop and maintain an Equal Employment Opportunity Plan (EEO). Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources Department. Please return completed forms with your application of employment.

GENDER: ☐ Male ☐ Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- ☐ **Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **White (Not Hispanic or Latino)**
A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino)**
A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**
A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)**
A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)**
A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino)**
All persons who identify with more than one of the above five races.