



APPLICATION FOR EMPLOYMENT
HUMAN RESOURCES DEPARTMENT
P.O. BOX 2150
JOHNSON CITY, TN 37605
(423) 434-6020

The City of Johnson City is an Equal Opportunity Employer, and Title VI Compliant dedicated to a policy of non-discrimination in employment upon any basis, and in its services, programs and activities pursuant to the requirements of Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990.

NOTICE The City of Johnson City maintains a non-smoking workplace. Smoking is prohibited in all city facilities.

PERSONAL DATA

NAME _____
Last First Middle

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Area Code _____ Phone # _____ Mobile Phone # _____

E-mail Address _____

POSITION(S) APPLIED FOR

Prefer Full Time Part Time Temporary/Seasonal

EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)

High School Attended: _____
(Name) (City & State)

High School Diploma or GED? Yes No

College/University/Trade or Business Schools Attended	City/State	Major Area of Study	Degree Earned

1. Have you ever applied for a job with the city in the past? _____ Yes _____ No
If yes, please give the date of application and the position for which you applied. State your name at that time, if different from present name.

2. Have you ever been employed by the city in the past? _____ Yes _____ No
If yes, please give the dates of employment, position(s) held, and state your name while employed, if different from present name.

Describe your work history below beginning with your current or most recent job. Include military and/or volunteer experience. Describe in **DETAIL** the **SPECIFIC DUTIES** beginning with your primary duties (attach additional sheets if necessary). Failure to answer all work history questions and give complete and detailed information regarding each job held may result in your disqualification. A resume may be attached **ONLY** as additional information.

WORK HISTORY

YOU MAY NOT SUBMIT A RESUME IN LIEU OF COMPLETING THIS WORK HISTORY

Current or Last Employer	Address	Phone Number
Official Job Title	Supervisor Name	Reason for Leaving
From (Month/Year) To (Month/Year)	Hours Per Week	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Salary \$ _____ Ending Salary \$ _____		
Description of Duties & Responsibilities:		
Was position subject to drug and alcohol testing under Federal guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Current or Last Employer	Address	Phone Number
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From (Month/Year) To (Month/Year)	Hours Per Week	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Salary \$ _____ Ending Salary \$ _____		
Description of Duties & Responsibilities:		
Was position subject to drug and alcohol testing under Federal guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. DRIVER'S LICENSE# _____ STATE _____ EXPIRATION DATE _____

2. OTHER LICENSE [S] OR CERTIFICATION [S] _____

RELATIVES WORKING FOR THE CITY

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

Full Name	Relationship	Department	Position

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: _____ Yes _____ No

Do you have any commitments to another employer that might affect your employment with the city? If yes, please explain: _____ Yes _____ No

If hired, can you furnish proof that you are 18 years of age? _____ Yes _____ No

If hired, can you furnish proof that you are eligible to work in the United States? (If unsure of the documents needed to prove eligibility to work in the U.S., we will be happy to explain the legal requirements). If no, please explain: _____ Yes _____ No

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? 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. If yes, please explain: _____ Yes _____ No

Are you presently charged with a pending criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or a dropping of the charge)? Note: A yes answer will not automatically disqualify you from employment. If yes, please explain fully: _____ Yes _____ No

MILITARY SERVICE

Branch of Service	Date Entered	Type and Date of Discharge	Rank

REFERENCES: List three persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under Employment History. Do not list the name of your minister or religious leader.

Full Name	Years Known	Occupation	Address	Phone

IMPORTANT

Please Read Carefully and Initial Each Paragraph Before Signing

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. 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.

_____Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I authorize the City of Johnson City 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.

_____Initials

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.

_____Initials

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 also understand that if my position requires working with minors (under 18) that I will consent to a fingerprint background check.

_____Initials

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.

_____Initials

I understand that this application does not, by itself, create a contract of employment. 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.**

_____Initials

SIGNED _____ DATE _____