

EMPLOYMENT APPLICATION

CITY OF HARRIMAN
 609 N ROANE ST
 P O BOX 433
 HARRIMAN, TN 37748

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
SKILLS AND QUALIFICATIONS					
Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying.					
<hr/>					
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Computer Skills (Check appropriate boxes, include software titles and years of experience)					
<input type="checkbox"/> Word Processing _____	Years _____	<input type="checkbox"/> Internet _____	Years _____	<input type="checkbox"/> Other _____	Years _____
<input type="checkbox"/> Spreadsheet _____	Years _____	<input type="checkbox"/> Other _____	Years _____	<input type="checkbox"/> Other _____	Years _____
<input type="checkbox"/> Presentation _____	Years _____	<input type="checkbox"/> Other _____	Years _____	<input type="checkbox"/> Other _____	Years _____
<input type="checkbox"/> E-mail _____	Years _____	<input type="checkbox"/> Other _____	Years _____	<input type="checkbox"/> Other _____	Years _____
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 <input type="checkbox"/> NO <input type="checkbox"/>					

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
APPLICANT STATEMENT			
I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.			
I expressly authorize, without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.			
I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.			
I understand that this application remains current for only 30 days. At the conclusion of time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.			
If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.			
I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.			
I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.			
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.			
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.			
Signature _____		Date _____	

The City of Harriman is an equal opportunity employer.
 To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, Washington, D.C. 20250