

**THE TOWN OF ASHLAND CITY OF IS AN EQUAL OPPORTUNITY EMPLOYER
and does not discriminate on the basis of race, sex, color, religion, national origin, age,
disability or veteran status in employment opportunities and benefits.**

Print an Employment Application or pick up an application at Workforce Essentials. All applications are to be turned into Workforce Essentials at 384 South Main St., Ashland City, TN 37015 or email Gayle Bowman, at GBowman@scannon@ashlandcitytn.gov. Office hours are 8:00 a.m. to 4:00 p.m., Monday through Friday.

Overview of the hiring and employment process: This *Application* is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please call the following number: (615) 792-4211.

Prior to completing this *Application* be sure to read the **JOB DESCRIPTION** of the position for which you are applying. As you complete this *Application* , please bear in mind the following:

- * We reserve the right to check all information for accuracy and completeness.
- * All applications for employment are a matter of public record.
- * If you need accommodation in order to complete this *Application* , please notify us immediately at the above mentioned number.

TOWN OF ASHLAND CITY

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION					
Last Name		First		M.I.	Date
Permanent Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Are You 18 Years or Older?		Social Security Number			
Who Referred You To Us?		Employment Agency		Newspaper Advertising	
State Employment Office		College Placement Service		Walk In	
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?	
Ever Applied With Us Before?		Where?		When?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

DESIRED EMPLOYMENT		
Position	Date You Can Start	Salary Desired
Are You Employed Now?		If So May We Inquire Of Your Present Employer?
Reason For Leaving		
Name of Last Supervisor At This Company		

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

GENERAL
Subjects of Special Study or Research Work
Special Training/Skills

EMPLOYMENT			
Current/ Previous Employer		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"/>			
Name of Supervisor		Title	Phone
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"/>			
Name of Supervisor		Title	Phone
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"/>			
Name of Supervisor		Title	Phone
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"/>			
Name of Supervisor		Title	Phone

REFERENCES

Please list three professional and/or personal references.

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE TOWN OF ASHLAND CITY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE TOWN OF ASHLAND CITY 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, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED CITY REPRESENTATIVE."

CRIMINAL BACKGROUND CHECK AUTHORIZATION

I, THE BELOW SIGNED JOB APPLICANT, DO HEREBY AUTHORIZE THE TOWN OF ASHLAND CITY OR ITS DESIGNEE TO CONDUCT A CRIMINAL BACKGROUND CHECK ON ME AS A PART OF THE JOB APPLICATION PROCESS. I HEREBY AUTHORIZE ANY LAW ENFORCEMENT AGENCY TO RELEASE INFORMATION, RECORDS AND DOCUMENTS CONCERNING ANY CRIMINAL CHARGES BROUGHT AGAINST ME.

I WAIVE ANY RIGHT OF PRIVILEGE, PRIVACY, AND/OR CONFIDENTIALITY I MAY HAVE IN THE INFORMATION PROVIDED BY REFERENCES OR OTHERS WHOM I HAVE INDICATED MAY BE CONTACTED.

Applicant's Full Name _____ **Applicant's Date of Birth** _____

Signature _____ **Today's Date** _____

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

Interviewed By	Date
Comments	

Interviewed By	Date
Comments	

Interviewed By	Date
Comments	

Interviewed By	Date
Comments	

**Ashland City Police Department
101 Court Street
Ashland City, TN 37015
(615) 792-5618
FAX (615) 792-8927**

Criminal Background Check Authorization

I, the below signed job applicant, do hereby authorize the Town of Ashland City or its designee to conduct a criminal background check on me as a part of the job application process. I hereby authorize any law enforcement agency to release information, records and documents concerning any criminal charges brought against me.

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Applicant's Full Name _____ **Social Security Number** _____

Applicant's Date of Birth _____ **Today's Date** _____

Applicant Signature _____ **Date** _____