

*The Town of Alexandria  
102 High Street  
P.O. Box 277  
Alexandria, TN 37012*

*(615) 529-2171*

*fax (615) 529-4345*

### **Application for Employment**

**The Town of Alexandria 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.**

**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, and 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 employment process, please call the following number: (615) 529-2171.

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#### **General Information**

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

Are you applying for: Full Time  Part Time  Seasonal  Reserve

If Part Time, what days and hours are you available: \_\_\_\_\_

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Have you applied with the Town before? Yes  No

Have you been employed with the Town before? Yes  No

If yes, list dates of employment: \_\_\_\_\_

If yes, list supervisor's name: \_\_\_\_\_

#### **Personal Information**

Name: \_\_\_\_\_  
                            First  Middle  Last

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Previous Employment Record

Please list all present employment information and or substantive volunteer work:

1) Name and Address of Current or most recent employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes  No

2) Name and address of previous employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes  No

3) Name and address of previous employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes  No

Do you have a legal right to work in the U.S.? Yes  No

Are you over the age of 18? Yes  No

Have you ever been convicted of a felony? Yes  No

(Note: This may be relevant if job related, but does not bar you from employment)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education and Training**

High School Attended: \_\_\_\_\_

City

State

Do you have a High School Diploma or GED? Yes  No

College, University, Trade or Business Schools attended (include city and state)

\_\_\_\_\_

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List any special qualifications and skills:

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

Are you able to perform the essential functions of the job for which you've applied?

(Note: You may be asked to demonstrate your ability to perform the essential functions)

\_\_\_\_\_ Yes, but I will need reasonable accommodations in order to perform the essential function

Please describe any accommodations you will need in order to perform the essential functions of the position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Yes and I will not need reasonable accommodations in order to perform the essential functions

### References

Please list three references, other than relatives or former employers who have knowledge of your character and or abilities.

1) \_\_\_\_\_  
Name Address

\_\_\_\_\_ Phone number Years Known

2) \_\_\_\_\_  
Name Address

\_\_\_\_\_ Phone number Years Known

3) \_\_\_\_\_  
Name Address

\_\_\_\_\_ Phone number Years Known

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any information orally and/or in writing that may be requested to arrive at an employment decision. 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.

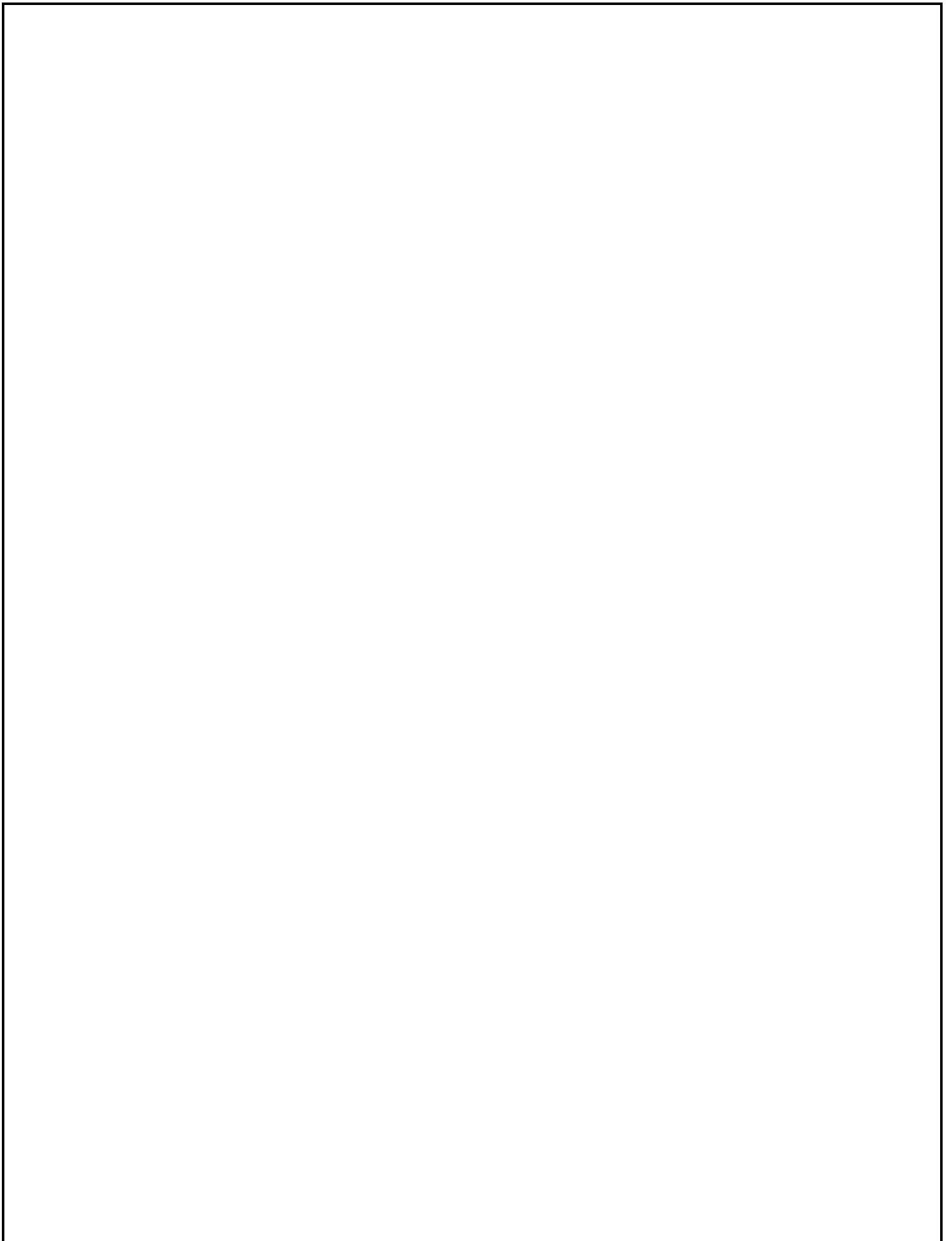
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Applicant's Signature

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Date

NOTE: You may attach your resume or other information for consideration in processing this application.



## PERSONNEL INFORMATION FORM

The information requested on this form will not affect you as an applicant for a position. This information is collected for compliance with government record keeping and reporting requirements. The information will be maintained in a confidential file separate from the employment application and will not be given to anyone who makes hiring decisions. We would appreciate your cooperation and assistance in our efforts to ensure equal employment opportunity.

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

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
LAST FIRST MI AREA CODE

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIPCODE

DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

### CHECK ONE:

SEX:  MALE  FEMALE

MARITAL STATUS:  SINGLE  MARRIED  
 DIVORCED  SEPARATED

RACE/ETHNIC GROUP:  WHITE  BLACK  HISPANIC  
 AMERICAN INDIAN  ALASKAN NATIVE  
 ASIAN  OTHER

DISABILITY:  YES  NO

VIETNAM ERA VETERAN:  YES  NO

DISABLED VETERAN:  YES  NO

### NOTIFY IN CASE OF EMERGENCY

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_