

**THE CITY OF DYER, TENNESSEE
105 SOUTH MAIN STREET
DYER, TN 38330
PHONE:731-692-3767 FAX: 731-692-4222**

**APPLICATION FOR EMPLOYMENT
(PLEASE NOTE)**

THE CITY OF DYER, TENNESSEE 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, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job.

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 the municipality.

GENERAL INFORMATION

(PLEASE PRINT)

DATE: _____

POSITION DESIRED: _____

DEPARTMENT: _____

Are You Applying For: _____ Full time _____ Part time _____ Seasonal

IF PART TIME, WHAT DAYS/HOURS ARE YOU AVAILABLE: _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY? Yes _____ No

If so, please indicate position, department and dates of employment. _____

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 WITH OR WITHOUT ACCOMODATIONS?

(note: you may later be asked to demonstrate your ability to perform the essential functions)?

_____ Yes _____ No

PERSONAL DATA

NAME _____ **SOC. SEC. #** _____
 last first middle

ADDRESS _____
 number street

 city state zip code

TELEPHONE NUMBER: Home: () _____ **Business:** () _____

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.?: (circle) Yes No

ARE YOU OVER THE AGE OF 18?: (circle) Yes No

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (note: this may be relevant if job-related, but does not bar you from employment): (circle) Yes No

IF YES, PLEASE EXPLAIN: _____

DRIVER'S LICENSE NUMBER (if required by job): _____

EDUCATION AND TRAINING

HIGH SCHOOL ATTENDED:

city

state

College/Universities Trade/Business School	City/State Zip Code	Degree Earned	Major Area of Study

MAJOR COURSE OF STUDY

OTHER TRAINING RECEIVED (special courses, work training programs, armed forces training, etc...) _____

SPECIAL QUALIFICATIONS AND SKILLS (licenses, skills with machines, patents or inventions, publications) _____

EMPLOYMENT RECORD

List below all present and past employment information and/or substantive volunteer work beginning with the most recent position and ending with your first, if appropriate. Take time to fill in these blocks carefully. Your qualifications depend in a large part on your employment history. Indicate if you are now unemployed or if you have never been employed.

May inquiries be made of your present employer regarding your qualifications and record of employment? (A "no" will not affect your consideration for employment.)

 Yes No

Employer:	Title of Position:	
	From:	To:
Address:	Supervisor:	
City/State/Zip Code:	Phone #:	
Duties and Responsibilities:	Salary History:	
	Starting	Ending
Reason for Leaving:	\$ _____	\$ _____
Employer:	Title of Position:	
	From:	To:
Address:	Supervisor:	
City/State/Zip Code:	Phone #:	
Duties and Responsibilities:	Salary History:	
	Starting	Ending
Reason for Leaving	\$ _____	\$ _____

Employer:	Title of Position:	
	From:	To:
Address:	Supervisor:	
City/State/Zip Code:	Phone #:	
Duties and Responsibilities:	Salary History:	
	Starting	Ending
Reason for Leaving:	\$ _____	\$ _____
Employer:	Title of Position:	
	From:	To:
Address:	Supervisor:	
City/State/Zip Code:	Phone #:	
Duties and Responsibilities:	Salary History:	
	Starting	Ending
Reason for Leaving	\$ _____	\$ _____

REFERENCES

PLEASE LIST THREE PERSONS, OTHER THAN RELATIVES OR FORMER EMPLOYERS WHO HAVE KNOWLEDGE OF YOUR CHARACTER AND/OR ABILITIES.

NAME	MAILING ADDRESS (no., street, city, state)	YEARS KNOWN	PHONE NUMBER
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*****IMPORTANT*****

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 and waive any right of privilege, privacy and/or confidentiality I may have in this information.

Applicant's Signature Date