

# Application for Employment



P.O. Box 998  
45 East Broad Street  
Cookeville, TN 38503-0998  
931-526-9591

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This application is a very important part of the selection process. No action will be taken until all requested information has been furnished. Please be aware that the information you provide will be used in the job screening process. Therefore, it is important that you be as specific as possible in your description of past and present experiences, training and education.

Answer all questions fully and accurately. If additional space is needed, please use a blank sheet and attach it to the application form. If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for not applicable.

**All applications are public documents and are open to public inspection and/or publication. Please print.**

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**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name  
\_\_\_\_\_

Last First Middle

Residential  
Address  
\_\_\_\_\_

Number Street Apt #

\_\_\_\_\_

City State Zip

Mailing  
Address  
\_\_\_\_\_

Number Street Apt #

\_\_\_\_\_

City State Zip

Telephone: Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Area Code Area Code

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**The City of Cookeville is an Affirmative Action, Equal Opportunity Employer**  
We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability.

Have you been previously employed by the City of Cookeville? Yes \_\_\_ No \_\_\_. If yes, give date \_\_\_\_\_.

Are you currently employed? Yes \_\_\_ No \_\_\_

If yes, may we contact your present employer? Yes \_\_\_ No \_\_\_

Do you have any relatives who are currently working for the City of Cookeville? Yes \_\_\_ No \_\_\_

If yes, please list name(s) and departments(s) \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes \_\_\_ No \_\_\_ (*Proof of citizenship or immigration status will be required upon employment.*)

Are you willing to work: Full Time \_\_\_ Part Time \_\_\_ Temporary \_\_\_

List any days/hours you are unable to work \_\_\_\_\_

Have you been convicted of any law violation (other than a minor traffic violation?): Yes \_\_\_ No \_\_\_

If yes, please explain:

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

Are you over 18 years of age? Yes \_\_\_ No \_\_\_

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## PROFESSIONAL, TRADE, BUSINESS AND CIVIC ACTIVITIES

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, handicap or other protected status.)

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

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## PERSONAL REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

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

# EMPLOYMENT EXPERIENCE

Provide the information requested below beginning with your present or last job. Include military assignments.

1	Employer _____	Dates Employed		Work Performed
	Telephone _____	From	To	
	Address _____			
	_____			
	Job Title _____	Hourly Rate / Salary		
		Starting	Final	
	Supervisor _____			
Reason for Leaving _____				
2	Employer _____	Dates Employed		Work Performed
	Telephone _____	From	To	
	Address _____			
	_____			
	Job Title _____	Hourly Rate / Salary		
		Starting	Final	
	Supervisor _____			
Reason for Leaving _____				
3	Employer _____	Dates Employed		Work Performed
	Telephone _____	From	To	
	Address _____			
	_____			
	Job Title _____	Hourly Rate / Salary		
		Starting	Final	
	Supervisor _____			
Reason for Leaving _____				
4	Employer _____	Dates Employed		Work Performed
	Telephone _____	From	To	
	Address _____			
	_____			
	Job Title _____	Hourly Rate / Salary		
		Starting	Final	
	Supervisor _____			
Reason for Leaving _____				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment and other experience.

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## Education

	Elementary	High School	College/University	Grad/Profess
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma or Degree				
Course of Study				
Describe specialized training, apprenticeship, skills and extra-curricular activities.				

Honors Received:

State any additional information you may feel may be helpful to us in considering your application.

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## APPLICANT'S STATEMENT

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, and my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision. I release such persons and organizations from legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as deemed necessary to judge my capability of employment, if required.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

***I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer.***

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Applicant's Signature

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Date