



CITY OF TULLAHOMA

EMPLOYMENT APPLICATION

201 W. Grundy Street
P.O. Box 807
Tullahoma, TN 37388
931-455-2648
www.tullahomatn.gov

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER: The City of Tullahoma is an Equal Employment Opportunity Employer and all applicants are considered for positions without regard to race, color, religion, creed, sex, national origin, age, marital status, veteran status, disability, or any other legally protected status. The City policy is to comply with applicable federal, state and local laws including Title VI of the Civil Rights Act.

NOTE: The information you provide will be used in the applicant selection process. Please complete all required sections with accurate and specific information. Failure to provide complete information may limit consideration for employment.

How did you first learn of the job opening:

- Newspaper City Website City Employee
 Social Media Other: _____

POSITION APPLIED FOR:

Name _____
(First) (Middle) (Last)

Social Security Number: (last 5 digits) _____

Address _____
(Street Address) (Apartment #)

(City) (State) (Zip Code)

Contact Information:

Home: _____
Cell: _____
E-mail: _____

GENERAL INFORMATION

Have you ever filed an application with the City of Tullahoma before? If "Yes", date applied _____ Yes No

Have you ever been employed with the city? If "Yes", indicate:
Department _____ Position _____ Dates _____ Yes No

In order to conduct a reference check, have you ever changed your name or used another name? Yes No
If "Yes", indicate other name (maiden name, nickname): _____

Do you have any relatives (by blood or marriage) that are currently employed by the City? Yes No
If "Yes", indicate: Name of Relative _____ Relationship: _____
Name of Relative _____ Relationship: _____

Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation? Yes No
If "Yes", indicate: Charge _____ Date _____ City, State of conviction _____
(Conviction of a crime will not necessarily disqualify an applicant from employment.)

Are you available to work: Full-Time Part-Time (Days: _____ Hours: _____) Temporary

Do you have a **valid** driver's license? Yes No Do you have a commercial driver's license? Yes No
State of Issue _____ License # _____ Endorsements (if applicable) _____

Have you ever served in the Armed Forces or Military Reserves? Yes No
If "Yes", indicate: Branch of Service _____ Dates _____ Type of Discharge _____

EDUCATION and TRAINING

HIGH SCHOOL	City / State	Graduated
		<input type="checkbox"/> Yes <input type="checkbox"/> No

If "No", have you passed a GED test? Yes No If "No", indicate highest grade completed: _____

COLLEGE / UNIVERSITY / TECHNICAL SCHOOLS	Degree	Major / Minor	Graduated
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

List any license, certificate or other authorization to practice a trade or profession.

LICENSE / CERTIFICATION NAME	Issued By	Date Issued	Date Expires

Summarize any additional information necessary to describe your qualifications such as special training or skills, including any job related training received in the military.

REFERENCES

List three personal references who are not related to you.

Name _____ Address _____ _____	Phone Numbers: Home: _____ Cell: _____ Business: _____
Name _____ Address _____ _____	Phone Numbers: Home: _____ Cell: _____ Business: _____
Name _____ Address _____ _____	Phone Numbers: Home: _____ Cell: _____ Business: _____

EMPLOYMENT RECORD

List the positions you've held beginning with your present or most recent job and include any military service. It is important that you clearly describe the job responsibilities of each position. **A resume can be attached to this application, but reference to a resume instead of completing this section cannot be accepted.** If necessary, you may show additional work history on a separate sheet of paper using the same format shown below. Failure to provide complete information may limit consideration for employment. Please include each employer and do not leave unexplained gaps in your employment dates.

Job Title _____	Employment Dates: from _____ to _____
Employer _____	Ending Salary \$ _____
Address _____	
	Type of Business _____
Phone _____	Supervisor's Name _____
Reason for Leaving _____	Supervisor's Title _____
Duties _____	

If currently employed, may we contact this employer? Yes No

Job Title _____	Employment Dates: from _____ to _____
Employer _____	Ending Salary \$ _____
Address _____	
	Type of Business _____
Phone _____	Supervisor's Name _____
Reason for Leaving _____	Supervisor's Title _____
Duties _____	

Job Title _____	Employment Dates: from _____ to _____
Employer _____	Ending Salary \$ _____
Address _____	
	Type of Business _____
Phone _____	Supervisor's Name _____
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Duties _____	

Job Title _____	Employment Dates: from _____ to _____
Employer _____	Ending Salary \$ _____
Address _____	
	Type of Business _____
Phone _____	Supervisor's Name _____
Reason for Leaving _____	Supervisor's Title _____
Duties _____	

APPLICANT AGREEMENT

I certify that the information provided by me on this application is correct and complete to the best of my knowledge. I understand that any false or significant omission on this document may disqualify me from further consideration from employment or termination from employment.

I further understand that an offer of employment is subject to successful completion of pre-employment testing appropriate to the position, including but not limited to, physical examination, drug testing, psychological exam and/or a background investigation.

Print Name

Signature of Applicant

Date

RELEASE OF INFORMATION

I hereby authorize the City of Tullahoma to request and receive any and all background information about or concerning me, including but not limited to, employment history, motor vehicle driving records, criminal convictions, educational background and professional licenses. I further release and discharge the City of Tullahoma and its elected or appointed officials, agents and employees, from any and all liability and damages arising out of any request for information or records pursuant to this authorization. I further authorize and request each former employer, educational institution, agencies and/or organizations to provide all information that may be requested in connection with this application.

I acknowledge that I have voluntarily provided the information in this application for employment purposes, and I have carefully read and understand this release.

Print Name

Signature of Applicant

Date

SUBMISSION of APPLICATION

Thank you for your interest in employment with the City of Tullahoma. Please return the completed application to the Human Resources Department by the closing date of the job posting. Applications that are mailed must be postmarked by the closing date. Acceptable forms of submission include the following:

Mail: City of Tullahoma, Attn: Human Resources, P.O. Box 807, Tullahoma, TN 37388

Email: cbrice@tullahomatn.gov

Fax: 931-455-2782

Deliver: City Hall / Municipal Building, 201 W. Grundy Street, Tullahoma, TN

This application for employment will be considered active for a period of time not to exceed six (6) months. At the end of this period, if you want to be considered for another open position, it will be necessary for you to submit a new application.
