

**190 Three Way Lane *phone* 731.784.7782 Three Way, TN 38343 *www.cityofthreeway.org***

**APPLICATION FOR EMPLOYMENT**

It is the policy of the City of Three Way not to discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or because he or she is a protected veteran.

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: **731-784-7782**

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**

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

**Are You Applying for:** \_\_\_\_\_\_ full time \_\_\_\_\_\_ part time \_\_\_\_\_ seasonal

**If part time, what days/hours are you available**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you been employed by the City of Three Way before?** (circle one) Yes No

**If yes, please indicate position and years of employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

**Your Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Number Street

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

City State Zip

**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):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Number

**Your Education and Training**

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

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

City State

**Do You Have a High School Diploma**? (circle) Yes No

**Please List Other Education You Have Received:**

College/University/Trade or Business School Attended: City/State Degree Earned/Type Area of Study

1.

2.

3.

**List Other Training Received (special courses, work training programs, armed forces training, etc):**

**List Special Qualifications and Skills (licenses, skills with machines, patents, or inventions, publications, etc.):**

**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 later be asked to demonstrate your ability to perform the essential functions)?

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

**REFERENCES**

Please list three or four persons, other than relatives or former employers who have knowledge of your character and/or abilities:

**Name** **Mailing Address**  **Years Known** **Phone**

1.

2.

3.

4.

**PRIOR EMPLOYMENT RECORD**

**List Below All Present and Past Employment Information and/or Substantive Volunteer Work:**

**Name and address of current or most recent employer**:

Phone Number:

Your Supervisor:

Your job title/responsibilities:

Date Hired: Date Left:

Reason for Leaving:

Start Salary: Ending Salary:

May we contact this employer: Yes No

**Name and address of previous employer**:

Phone Number:

Your Supervisor:

Your job title/responsibilities:

Date Hired: Date Left:

Reason for Leaving:

Start Salary: Ending Salary:

May we contact this employer: Yes No

**Name and address previous employer**:

Phone Number:

Your Supervisor:

Your job title/responsibilities:

Date Hired: Date Left:

Reason for Leaving:

Start Salary: Ending Salary:

May we contact this employer: Yes No

**\*\*\*\*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 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.

I understand that employment is contingent upon passing a background check and waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by a background check.

I further understand that employment is contingent upon passing a drug screen by a licensed physician and waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by a drug screen.

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

Applicant Signature Date