



190 Three Way Lane
Three Way, TN 38343

phone 731.784.7782
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:

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

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