



APPLICATION FOR EMPLOYMENT



CITY OF MOUNT PLEASANT

100 PUBLIC SQUARE

P.O. BOX 426

MOUNT PLEASANT, TN 38474

The *City of Mount Pleasant* is an Equal Opportunity Employer and does not discriminate on the basis of race, gender, color, religion, national origin, age, disability, genetic information or veteran status in employment opportunities & benefits.

This application is 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 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 pursuant to TCA 10-7-503;
- If you need accommodation to complete this application, please notify the **Human Resources Department** at 931-379-7717.

All offers of employment extended by the *City of Mount Pleasant* are conditional upon acceptable results from a post-offer medical examination and drug test. Employees of the *City of Mount Pleasant* are subject to periodic medical examinations, drug and alcohol testing for cause. Safety sensitive employees are subject to random drug and alcohol testing.

GENERAL INFORMATION

Date: _____ Position: _____

ARE YOU APPLYING FOR: FULL TIME PART TIME

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

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF MOUNT PLEASANT? YES NO

IF YES, PLEASE INDICATE POSITION, DEPARTMENT AND DATES OF EMPLOYMENT:

PERSONAL DATA

NAME: _____
LAST FIRST MIDDLE/MAIDEN

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE CELL PHONE EMAIL

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.? YES NO OVER 18 YEARS OF AGE?

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO YES NO

(NOTE: THIS MAY BE RELEVANT IF JOB-RELATED; HOWEVER DOES NOT BAR YOU FROM EMPLOYMENT)

IF YES, PLEASE EXPLAIN:

EDUCATION AND TRAINING

HIGH SCHOOL: _____

GED: YES NO

ADDRESS: _____
STREET CITY STATE ZIP

COLLEGE / UNIVERSITY TRADE / BUSINESS SCHOOL	CITY / STATE / ZIP	DEGREE EARNED	AREA OF STUDY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST OTHER TRAINING RECEIVED (SPECIAL COURSES, WORK TRAINING PROGRAM, ARMED FORCES TRAINING ETC.)

LIST SPECIAL QUALIFICATION AND SKILLS (LICENSES, SKILLS WITH MACHINES, PATENTS OR INVENTIONS, PUBLICATIONS, ETC.)

WORK EXPERIENCE

EMPLOYER: _____ PHONE: _____

ADDRESS: _____
STREET CITY STATE ZIP

FROM MO/YR: _____ TO MO/YR: _____
JOB TITLE SUPERVISOR

WORK PERFORMED AND JOB RESPONSIBILITIES:

REASON FOR LEAVING: _____

STARTING SALARY: _____ ENDING SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: _____ PHONE: _____

ADDRESS: _____
STREET CITY STATE ZIP

FROM MO/YR: _____ TO MO/YR: _____
JOB TITLE SUPERVISOR

WORK PERFORMED AND JOB RESPONSIBILITIES:

REASON FOR LEAVING: _____

STARTING SALARY: _____ ENDING SALARY: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

BACKGROUND INVESTIGATION AUTHORIZATION

CITY OF MOUNT PLEASANT

NAME:	_____	SOCIAL SECURITY #	_____
ADDRESS:	_____ STREET _____	CITY _____	STATE _____ ZIP _____
_____	HOME PHONE _____	CELL PHONE _____	DRIVER'S LICENSE # & STATE ISSUED _____
OTHER NAME (S):	_____	YEAR OF NAME CHANGE:	_____

RESIDENTIAL ADDRESSES (PREVIOUS 7 YEARS)

FORMER ADDRESS:	_____ STREET _____	CITY _____	STATE _____	ZIP _____
FORMER ADDRESS:	_____ STREET _____	CITY _____	STATE _____	ZIP _____
FORMER ADDRESS:	_____ STREET _____	CITY _____	STATE _____	ZIP _____
HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENSE, EITHER MISDEMEANOR OR FELONY, OTHER THAN MINOR TRAFFIC VIOLATIONS IN THE LAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU CURRENTLY CHARGED OR UNDER INVESTIGATION FOR ANY VIOLATION OF THE LAW OTHER THEN MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO				

AUTHORIZATION AND GENERAL RELEASE

I hereby authorize the **City of Mount Pleasant** its representatives, employees or agents to contact and obtain any information and records concerning me, including but not limited to consumer, criminal record history, driving, employment, military and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers.

I further release and discharge the **City of Mount Pleasant** and all of its affiliates, and every employee or agent, and all individuals and personal, business, private or public entities of any kind, from any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance or attempted compliance, with such request(s).

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to the **City of Mount Pleasant** for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided for employment purposes the above information, and I have carefully read and I understand this authorization.

NOTICE: The **City of Mount Pleasant** requests your date of birth solely for the purpose of verifying certain records that may be produced in connection with the **City of Mount Pleasant** background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statues, regulations and ordinances.

SIGNATURE: _____

DATE: _____