

TOWN OF ASHLAND CITY

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last Name	First	M.I.	Date
Permanent Address	Apartment/Unit #		
City	State	ZIP	
Phone	E-mail Address		
Are You 18 Years or Older?	Social Security Number		
Who Referred You To Us?	Employment Agency	Newspaper Advertising	Friend
State Employment Office	College Placement Service	Walk In	Other
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Ever Applied With Us Before?	Where?	When?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

DESIRED EMPLOYMENT

Position	Date You Can Start	Salary Desired
Are You Employed Now?	If So May We Inquire Of Your Present Employer?	
Reason For Leaving		
Name of Last Supervisor At This Company		

EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

GENERAL

Subjects of Special Study or Research Work
Special Training/Skills

EMPLOYMENT				
Current/ Previous Employer				Phone ()
Address			Supervisor	
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Name of Supervisor		Title	Phone	

Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Name of Supervisor		Title	Phone	

Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Name of Supervisor		Title	Phone	

Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Name of Supervisor		Title	Phone	

REFERENCES

Please list three professional and/or personal references.

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE TOWN OF ASHLAND CITY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE TOWN OF ASHLAND CITY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED CITY REPRESENTATIVE."

CRIMINAL BACKGROUND CHECK AUTHORIZATION

I, THE BELOW SIGNED JOB APPLICANT, DO HEREBY AUTHORIZE THE TOWN OF ASHLAND CITY OR ITS DESIGNEE TO CONDUCT A CRIMINAL BACKGROUND CHECK ON ME AS A PART OF THE JOB APPLICATION PROCESS. I HEREBY AUTHORIZE ANY LAW ENFORCEMENT AGENCY TO RELEASE INFORMATION, RECORDS AND DOCUMENTS CONCERNING ANY CRIMINAL CHARGES BROUGHT AGAINST ME.

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.

Applicant's Full Name _____ **Applicant's Date of Birth** _____

Signature _____ **Today's Date** _____

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

Interviewed By	Date
Comments	

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Comments	

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Comments	

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Comments	

Ashland City Police Department
101 Court Street
Ashland City, TN 37015
(615) 792-5618
FAX (615) 792-8927

Criminal Background Check Authorization

I, the below signed job applicant, do hereby authorize the Town of Ashland City or its designee to conduct a criminal background check on me as a part of the job application process. I hereby authorize any law enforcement agency to release information, records and documents concerning any criminal charges brought against me.

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.

Applicant's Full Name_____ Social Security Number_____

Applicant's Date of Birth_____ Today's Date_____

Applicant Signature_____ Date_____