



CITY OF SHELBYVILLE, TENNESSEE APPLICATION FOR EMPLOYMENT

201 N. Spring Street
Shelbyville, TN 37160
Phone: 931-684-2691

AN EQUAL
OPPORTUNITY
EMPLOYER

The City of Shelbyville provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, veteran status, disability or genetics, or other legally protected status. In addition to federal law requirements, the City of Shelbyville complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities.

Application must be complete in order for interview process to proceed.

Please Print

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other Name (if applicable): _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____ E-Mail Address: _____

Driver's License No. _____ Date Issued: _____ State: _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from Lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

On what date will you be available for work? _____ Expected Pay: _____

Are you available to work: Full Time Part Time Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony? Yes No

Conviction will not necessarily disqualify applicant from employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.

If "yes" please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY: List all employment for a minimum of 5 years including military and volunteer service starting with the most current position held. You may attach a resume, but you must complete the employment section. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Dates Employed (month/year) From: _____ To: _____		Organization Name/Address	
Salary Start: \$ _____ Final: \$ _____		Position Title:	
_____ Full-Time _____ Part-Time, hrs. week		Supervisor's Name/Title/Phone:	Reason for Leaving:
May we contact for references? _____ Yes _____ No			
Duties:			
Dates Employed (month/year) From: _____ To: _____		Organization Name/Address	
Salary Start: \$ _____ Final: \$ _____		Position Title:	
_____ Full-Time _____ Part-Time, hrs. week		Supervisor's Name/Title/Phone:	Reason for Leaving:
May we contact for references? _____ Yes _____ No			
Duties:			
Dates Employed (month/year) From: _____ To: _____		Organization Name/Address	
Salary Start: \$ _____ Final: \$ _____		Position Title:	
_____ Full-Time _____ Part-Time, hrs. week		Supervisor's Name/Title/Phone:	Reason for Leaving:
May we contact for references? _____ Yes _____ No			
Duties:			
Dates Employed (month/year) From: _____ To: _____		Organization Name/Address	
Salary Start: \$ _____ Final: \$ _____		Position Title:	
_____ Full-Time _____ Part-Time, hrs. week		Supervisor's Name/Title/Phone:	Reason for Leaving:
May we contact for references? _____ Yes _____ No			
Duties:			
Dates Employed (month/year) From: _____ To: _____		Organization Name/Address	
Salary Start: \$ _____ Final: \$ _____		Position Title:	
_____ Full-Time _____ Part-Time, hrs. week		Supervisor's Name/Title/Phone:	Reason for Leaving:
May we contact for references? _____ Yes _____ No			
Duties:			

EDUCATION & SKILLS:

Please list all education beginning with the most recent. Indicate a diploma or degree, if complete, including GED if obtained.

Name & Location of School	# of yrs. Complete	Graduated		Degree & Major
High School/GED		_____ Yes	If no, approx. number of Credit hours completed	
College		_____ Yes	If no, approx. number of Credit hours completed	
Vocational Training		_____ Yes	If no, approx. number of Credit hours completed	
Other		_____ Yes	If no, approx. number of Credit hours completed	

Continuing Education: _____

SKILLS/CERTIFICATIONS

List technical or specialized skills or credentials relevant to this position, certifications, and/or any professional licenses.

REFERENCES

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

PLEASE READ CAREFULLY & SIGN

I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I understand that criminal background checks will be required and that applicants for employment may also be required to undergo drug screening, physical, and credit check. I further understand that the City of Shelbyville has the right to review my education records, previous employment, driving, criminal records and other background data.

APPLICANTS SIGNATURE: _____

DATE: _____

Under the Tennessee Open Records Act, information contained in candidate resume and all application materials may be subject to public disclosure. The City of Shelbyville complies with all open record requirements and redacts information exempted under the Act. For further information on the types of information subject to disclosure, please see T.C.A. § 10-7-501 et. seq.