

EDUCATION AND TRAINING

Do You Have a High School Diploma? Yes No

High School Attended: _____

Do you have a GED? Yes No

Please List Other Education You Have Received:

Name and Location of College/University/ Trade or Business Schools Attended	Dates Attended	Degree Earned	Did you Graduate?

List Other Training Received: (special courses, work training programs, Armed Forces training, etc.)

List Special Qualifications and Skills: (licenses, skills with machines)

Based on the Job for Which You are Applying:

Are you able to perform the essential functions of the job for which you have applied? (NOTE: You may later be asked to demonstrate your ability to perform the essential functions.)

YES, but I will need reasonable accommodations in order to perform the Essential functions; or

YES, and I will not need reasonable accommodations in order 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	Email Address	Years Known	Phone

PRIOR EMPLOYMENT HISTORY

List below all present and past employment information and/or substantive volunteer work. List current or most recent employer first, then prior employers in reverse chronological order. If you choose to attach a resume, you may use (See Resume) in job title/responsibilities section.

1. Name and address of current or most recent employer: _____
_____ Phone No. _____
Your Supervisor: _____
Your job title/responsibilities: _____

Date Hired: _____ Date Left: _____
Reason for Leaving: _____
Starting Salary: _____ Ending Salary: _____
May we contact this employer: Yes No

2. Name and address of employer: _____
_____ Phone No. _____
Your Supervisor: _____
Your job title/responsibilities: _____

Date Hired: _____ Date Left: _____
Reason for Leaving: _____
Starting Salary: _____ Ending Salary: _____
May we contact this employer: Yes No

3. Name and address of employer: _____
_____ Phone No. _____
Your Supervisor: _____
Your job title/responsibilities: _____

Date Hired: _____ Date Left: _____
Reason for Leaving: _____
Starting Salary: _____ Ending Salary: _____
May we contact this employer: Yes No

4. Name and address of employer: _____
_____ Phone No. _____
Your Supervisor: _____
Your job title/responsibilities: _____

Date Hired: _____ Date Left: _____
Reason for Leaving: _____
Starting Salary: _____ Ending Salary: _____
May we contact this employer: Yes No

May we telephone you to follow up on this application at home? Yes No
If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes No
If yes, what is the best time to call? _____

What is your business telephone number? _____

How did you hear about this job opportunity ? _____

*** * * * CERTIFICATION OF APPLICANT * * * ***

I certify that all answers to the questions in this application are true, and I further understand that any false statement and/or omission in this application and all other accompanying documentation will be sufficient grounds for rejection of the application or termination of employment. I authorize the Town of Signal Mountain to make any and all necessary and appropriate investigations to verify the information contained herein, including criminal records and work experience checks. I also understand prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility (I-9 form) shall result in immediate termination of employment and/or offer of employment.

I hereby authorize any Investigator or duly accredited representative of the Town of Signal Mountain Police Department to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. I understand that the information obtained may be disclosed to such third parties as necessary in the fulfillment of official responsibilities. I hereby release any entity and/or individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result on account of compliance, or any attempts to comply with this authorization.

Applicant Signature

Date

Applicant Printed Name

Office Use Only Below This Line:

=====

Notary Signature

Date