

APPLICATION FOR EMPLOYMENT

THE CITY OF UNION CITY IS AN EQUAL OPPORTUNITY EMPLOYER and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits.

<u>Overview of the hiring and employment process:</u> 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: 731-885-1341

Prior to completing this *Application* be sure to read the **JOB DESCRIPTION** of the position for which you are applying. As you complete the *Application*, please keep the following in mind:

- All applications for employment are a matter of public record
- We reserve the right to check all information for accuracy and completeness
- If you need accommodation in order to complete this Application, please notify the municipality

GENERAL INFORMATION

(Please Print)			
Name:			
Date:			
Position Desired:			
Department:			
Are You Applying For: IF PART TIME, WHAT DAYS/H	Fulltime HOURS ARE YOU AVAIL	Part time ABLE:	Seasonal
HAVE YOU EVER BEEN EMPLOYED BY THE CITY?		YES	NO
If so, please indicate position	n, department and date	es of employment.	



BASED ON THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING:

APPLIED? Yes (Note: you may be asked lat		ur ability to perform th	ne essential fun	ctions)
	PERSON	AL DATA		
Name			SOC. SEC.#	
last	first	middle		
Address				
number		street		
city	state		zip code	
Telephone Number:		Business Number:		
Do you have the Legal right	to work in the US?	(circle)	Yes	No
Are you over the age of 18?		(circle)	Yes	No
Have you ever been convict	•	(circle)	Yes	No
(* note: this may	be relevant if job-relate	ed, but does not bar you	ı from employm	ent)
If yes, please expla	in:			
Duivende Lieenee Number (if	as a vivad by ich			
Driver's License Number (if	required by Job)			
	EDUCATION A	AND TRAINING		
High School Attended:				
city		state		
	City / State	Degree	N	lajor Area
College / University				C C
College / University Trade / Business School	Zip Code	Earned		of Study
_	Zip Code	Earned		of Study



Education and Training Continued
Other Training Received (special courses, work training programs, armed forces training, etc)
Special Qualifications and Skills (license, skills with machines, patents, inventions, publications)
EMPLOYMENT RECORD
List below all present and past employment information and/or substantive volunteer work beginning with the most recent position and ending with your first, if appropriate. Take time to fill in these blocks carefully, your qualifications depend in a large part on your employment history. Indicate if you are now unemployed or if you have never been employed.
May inquiries be made of your present employer regarding your qualifications and record of employment? (A "no" will not affect your consideration for employment.) Yes No

Continued on next page



Employer:	Ade	dress:	
City/State/Zip Code:			
Title of Position:			
Duties and Responsibilities:			
Employment Dates:			
	From	То	
Salary History:			
	Starting	Ending	
Employment Continued			
Supervisor:		Phone#	
Reason for Leaving:			
Employer:	Ad	dress:	
City/State/7in Code:		dress:	
City/State/Zip Code:			
City/State/Zip Code:			
City/State/Zip Code: Title of Position:			
City/State/Zip Code: Title of Position:			
City/State/Zip Code: Title of Position:			
City/State/Zip Code: Title of Position:			
City/State/Zip Code: Title of Position: Duties and Responsibilities: Employment Dates:			
City/State/Zip Code: Title of Position: Duties and Responsibilities:	From	To	
City/State/Zip Code: Title of Position: Duties and Responsibilities: Employment Dates:			
City/State/Zip Code: Title of Position: Duties and Responsibilities: Employment Dates: Salary History:	From	To	
City/State/Zip Code: Title of Position: Duties and Responsibilities: Employment Dates: Salary History:	From	To Ending	
City/State/Zip Code: Title of Position: Duties and Responsibilities: Employment Dates: Salary History: Supervisor:	From	To Ending	
City/State/Zip Code: Title of Position: Duties and Responsibilities: Employment Dates: Salary History: Supervisor:	From	To Ending	



Employer:	Add	dress:
City/State/Zip Code:		
Title of Position:		
Duties and Responsibilities:		
Employment Dates:		
Colony History	From	То
Salary History:	Starting	Ending
Supervisor:		Phone#
Reason for Leaving:		
Employer:	Add	dress:
Employer: City/State/Zip Code:	Add	
City/State/Zip Code:		
City/State/Zip Code:		
City/State/Zip Code: Title of Position:		
City/State/Zip Code: Title of Position: Duties and Responsibilities:		
City/State/Zip Code: Title of Position:		
City/State/Zip Code: Title of Position: Duties and Responsibilities:	From	То
City/State/Zip Code: Title of Position: Duties and Responsibilities: Employment Dates:		
City/State/Zip Code:	From	То
City/State/Zip Code:	From	To Ending
City/State/Zip Code: Title of Position: Duties and Responsibilities: Employment Dates: Salary History: Supervisor:	From	To Ending

Date



Employment Continued ... Have you any relative, either blood or by marriage, working for the City of Union City Yes No If so, give names and relationship: **REFERENCES** PLEASE LIST THREE PERSONS, OTHER THAN RELATIVES OR FORMER EMPLOYERS WHO HAVE KNOWLEDGE OF YOUR CHARACTER AND/OR ABILITIES. MAILING ADDRESS YFARS KNOWN NAME (number, street, city, state) PHONE# *** 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 authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any information orally and/or in writing that may be requested to arrive at an employment decision and waive any right of privilege, privacy and/or confidentiality I may have in this information.

Applicant's Signature