## CITY OF SWEETWATER APPLICATION FOR EMPLOYMENT

This application may be returned to: City Recorder
City of Sweetwater
203 Monroe Street
P.O. Box 267
Sweetwater, TN 37874

(423) 337-6979 FAX (423) 337-9663

Email: jmorgan@sweetwatertn.net

The City of Sweetwater, Tennessee is an EQUAL OPPORTUNITY EMPLOYER. Our goal is for our workforce to be representative of the working population of Sweetwater. We do not discriminate on the basis of race, creed, color, religion, national origin, disability, political affiliation, veteran status, sex or age, in all matters pertaining to employment and promotion. We will not tolerate discrimination on the part of commissioners, department heads, or employees. Women, minorities, and the disabled are encouraged to apply. All applicants are subject to a reference check, background check, post-offer physical examination and drug screening.

## Personal Information:

NAME:				
	Last	First	Middle	Nickname
ADDRESS:				
PHONE:				
	HOME	OTHER	(BUSINESS/CELL)	
SOCIAL SECURITY #:				
EMERGENCY CONTACT:				
Relatio	onship		Phone	

## GENERAL INFORMATION:

POSITION DESIRED:			_
ARE YOU APPLYING FOR: FUL	L TIME PART T	IME SEASONAL	
If Part time, what days/hours are you a	vailable?		_
Shift Work: If the job for which you as your shift and/or days off may periodic situation which would interfere with yo when required, with reasonable notice, YES	cally be changed. Do you hour being assigned to a diffe	ave any personal/family erent shift, days off or overtim	
Do you have any family members or reor NO If YE		t	
Have you previously been employed by If Yes, what dates and position?			_
Are you over the age of eighteen? YES	S NO		
Do you have a legal right to work in the (We use the EVerify program on all ne will be required upon employment.)			
Have you ever been convicted of a felo (Note: This may be relevant if job rela If Yes, please explain:	ted, but does not bar you fr	rom employment)	-
			_
Driver's License #	State issued:	Expiration	
Education and Training:			
High School Attended:Name		Location	-
High School Diplome: VES	NO	CED	

College/University Or Trade Schools Attended	City/State	Degree Earned	Major Area of Study			
	List other training received (special courses, work training programs, Armed Forces training) related to the position for which you have applied:					
List any certificates or licenses you currently hold or have held in the past that are related to the position for which you have applied:						

## EMPLOYMENT HISTORY:

Address:		Phone #	
Job Title:		Supervisor's name:	
Date Hired:	Date	Left:	
Full Time hours per week:	Part time hours per week:		
Starting Salary:	Ending Salary:	May we contact this employer? Yes	_ No
Duties and Responsibilities:			
Reason for Leaving:			
Previous Employer:			
		Phone #	
Address:			
Address:		Phone #	
Address:  Job Title:  Date Hired:		Phone # Supervisor's name: Left:	
Address:  Job Title:  Date Hired:  Full Time hours per week:	Date Part time hours per week:	Phone # Supervisor's name: Left:	
Address:  Job Title:  Date Hired:  Full Time hours per week:  Starting Salary:	Date Part time hours per week:	Phone # Supervisor's name: Left:	
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Address:  Job Title:  Date Hired:  Full Time hours per week:	Date Part time hours per week:	Phone # Supervisor's name: Left:	

Address:	Previous Employer:			
Date Hired: Part time hours per week: Starting Salary: May we contact this employer? Yes No Duties and Responsibilities: May we contact this employer? Yes No Duties and Responsibilities: Address: Phone # Address: Phone # Date Left: Date Left: Part time hours per week: May we contact this employer? Yes No Starting Salary: Salary	Address:		Phone #	
Full Time hours per week: Part time hours per week: May we contact this employer? Yes No _ Duties and Responsibilities: May we contact this employer? Yes No _ Duties and Responsibilities: Address: Phone # Job Title: Supervisor's name: Date Hired: Date Left: Part time hours per week: Part time hours per week: Part time hours per week: May we contact this employer? Yes No _ Starting Salary: May we contact this employer? Yes No _	Job Title:		_ Supervisor's name:	
Starting Salary: Ending Salary: May we contact this employer? Yes No _ Duties and Responsibilities:  Reason for Leaving:  Previous Employer:  Address: Phone #  Job Title: Supervisor's name:  Date Hired: Date Left:  Full Time hours per week: Part time hours per week:  Starting Salary: May we contact this employer? Yes No	Date Hired:	Date	Date Left:	
Previous Employer:  Address:  Phone #  Job Title:  Date Hired:  Date Hired:  Part time hours per week:  Part time hours per week:  Ending Salary:  Ending Salary:  May we contact this employer? Yes  No	Full Time hours per week:	Part time hours per week:		
Reason for Leaving:  Previous Employer:  Address:  Phone #  Job Title:  Supervisor's name:  Date Hired:  Date Left:  Full Time hours per week:  Ending Salary:  May we contact this employer? Yes  No	Starting Salary:	Ending Salary:	May we contact this employer? Yes No _	
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Starting Salary: Ending Salary: May we contact this employer? Yes No _	Date Hired:	Date	Left:	
	Full Time hours per week:	Part time hours per week:		
Duties and Responsibilities:	Starting Salary:	Ending Salary:	May we contact this employer? Yes No _	
	Duties and Responsibilities:			
	Reason for Leaving:			

NOTE: You may attach supplemental information, resume or certifications in addition to the completed information above. This application will only be considered if there are no omissions. Do not leave spaces blank.

REFERENCES: Please list three persons, other than relatives or former employers, who have knowledge of your character and/or abilities:

NAME	MAILING ADDRESS	YEARS KNOWN	PHONE #

This application is but one part of the hiring and employment process. Other parts may include an interview, and employment examination or test and a demonstration of an ability to perform the essential functions of the job. As you complete the 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.
- ➤ Any offer of employment is conditional pending results of a physical exam and drug screening.
- ➤ A background investigation may be required.
- A psychological examination and physical agility test is required for Police and Fire Department applicants.

APPLICANT COMMENTS:	
PLEASE READ THE FOLLOWING CAREFUL I hereby affirm that the information provided on the best of my knowledge. I understand that, if each on this form shall be sufficient cause for dismissathis application. The City of Sweetwater is hereby my personal background and employment history and other agencies or institutions to release employed background information to the City of Sweetwaters.	this application is true and complete to mployed, falsified information provided al or, if not employed, cancellation of by authorized to make an investigation of or. I hereby authorized former employers coyment, medical or other types of
SIGNATURE OF APPLICANT	DATE