



# CITY OF CLINTON

## Application for Employment

THE CITY OF CLINTON IS AN EQUAL OPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR VETERAN STATUS IN EMPLOYEMENT OPPORTUNITIES AND BENEFITS.

**Overview of the hiring and employment process:** This *application* is but one part of the hiring and employment examination or test, and 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 (865) 457-0424.

Prior to completing this *Application* be sure to read the JOB DESCRIPTION of the position for which you are applying. As you complete this *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
- if you need accommodation in order to complete this *Application*, please notify the municipality.

### GENERAL INFORMATION

Date \_\_\_\_\_ Position Desired \_\_\_\_\_

Are you applying for: \_\_\_ full-time \_\_\_ part-time \_\_\_ seasonal

If part-time, what days/hours are you available: \_\_\_\_\_

Have you ever applied with the City of Clinton before? Yes No

### PERSONAL INFORMATION

Your Name \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_

Phone Number: Home: ( ) - Business: ( ) -

Address \_\_\_\_\_  
Number Street

City State Zip Code

Do you have a legal right to work in the U.S.? Yes No

Are you over the age of 18? Yes No

Have you ever been convicted of a felony? (Note: This may be relevant if job-related, but does not bar you from employment): Yes No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Driver's license number: ( ) \_\_\_\_\_  
State

### YOUR EDUCATION AND TRAINING

High school attended \_\_\_\_\_  
Name City State

Do you have a high school diploma? Yes No

Please list other *education* you have received:

College/University or other type school	City/State	Degree Earned & Type	Major area of study

List other training received (Special courses, work training programs, armed forces training, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List special qualifications and skills (Licenses, skills with machines, patents or inventions, publications, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the *job description* of the position 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. (Please complete the next question)

\_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PRIOR EMPLOYMENT RECORD

List below all present and past employment information and/or substantive volunteer work:

Name and address of previous employer \_\_\_\_\_  
Name of business

Address

Your supervisor \_\_\_\_\_ Your job title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Date hired \_\_\_\_\_ Date left \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

May we contact this employer? Yes No

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Work history *No. 2*

Name and address of previous employer \_\_\_\_\_  
Name of business

Address

Your supervisor \_\_\_\_\_ Your job title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Date hired \_\_\_\_\_ Date left \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

May we contact this employer? Yes No

Work history *No. 3*

Name and address of previous employer \_\_\_\_\_  
Name of business

Address \_\_\_\_\_

Your supervisor \_\_\_\_\_ Your job title \_\_\_\_\_

Responsibilities \_\_\_\_\_

Date hired \_\_\_\_\_ Date left \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

May we contact this employer? Yes No

**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	Phone No.	Years known
		( )	
		( )	
		( )	
		( )	

**\*\* 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 waive my 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 Signature \_\_\_\_\_ Date \_\_\_\_\_