

Date: _____



CITY OF SPRINGFIELD

APPLICATION FOR EMPLOYMENT

The City of Springfield is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment upon any basis, including race, color, creed, religion, age, disability, sex, national origin, marital or military status. Please keep in mind that none of the following questions are intended to imply any limitations, illegal preferences or discrimination based upon any non-job-related information.

Overview of the hiring and employment process: 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 notify the Human Resources Department at (615) 382-2200.

GENERAL INFORMATION

Position Desired: _____

Are You Applying For: Full time Part time Seasonal

Have You Been Employed By The City Before? Yes No
If Yes, When? _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Phone No.: 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 (if required by job) : _____

Expiration Date: _____

Are You Related To Any City Officials or Anyone Working For The City of Springfield?
_____ Yes _____ No If yes, name of individual and relationship.

(NOTE: The Charter of The City of Springfield Prohibits Employment of Relatives of City Officials or Members Of The Immediate Family of City Employees.)

EDUCATION AND TRAINING

High School Attended: _____

_____ City State

Do You Have a High School Diploma? ____ Yes ____ No

Do You Have a GED? ____ Yes ____ No

Please List Other Education You Have Received:

College/University/ Trade or Business Schools Attended	City/State	Degree Earned? - Type Degree	Major Area of Study

List Other Training Received (Special Courses, Work Training Programs, 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? (Note: you may later be asked to demonstrate your ability to perform the essential functions.)

_____ Yes _____ No

REFERENCES

Please List Three Or Four Persons, Other Than Relatives, Who Have Knowledge Of Your Character And/Or Abilities:

Name	Mailing Address	Yrs Known	Phone

PRIOR EMPLOYMENT RECORD

List Below All Present And Past Employment Information:

Name and address of current or most recent employer:	
Phone Number:	
Supervisor:	
Job title/responsibilities:	
Date Hired:	Date Left:
Reason for leaving:	
Starting Salary:	Ending Salary:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and address of previous employer:	
Phone Number:	
Supervisor:	
Job title/responsibilities:	
Date Hired:	Date Left:
Reason for leaving:	
Starting Salary:	Ending Salary:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and address of previous employer:	
Phone Number:	
Supervisor:	
Job title/responsibilities:	
Date Hired:	Date Left:
Reason for leaving:	
Starting Salary:	Ending Salary:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

***** IMPORTANT *****

I hereby affirm that the information provided on this application is true and complete. I understand that falsified information or significant omissions may disqualify me from consideration of employment and may be considered justification for dismissal if discovered at a later date.

In making this application for employment, I authorize the City of Springfield to contact any of my former employers or any of the references I have supplied for the purpose of verifying the information I have provided to the City of Springfield and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment with any employer. I further understand that, if hired, my employment will be at will and may be terminated by me or by the City of Springfield at any time with or without cause.

I understand that the City of Springfield has a Drug Testing and Employee Assistance Program. I further understand that prior to my entry on the job I will be required to take and pass a drug test and physical examination if an offer of employment is made.

Applicant Signature

Date

PLEASE RETURN APPLICATION TO:

**Human Resources Office
City of Springfield
P.O. Box 788
405 N. Main Street
Springfield, Tennessee 37172**

APPLICANT DATA SURVEY
for
The City of Springfield

An Equal Opportunity Employer

To further our commitment to equal opportunities for all candidates, we request that you voluntarily provide the information below. Your cooperation is essential to our evaluation efforts. Please be advised that your survey is *NOT* part of your official application for employment. This portion will be retained separately and is considered confidential information that will not be used in any hiring decision.

Position applied for: _____ Date _____

Applicant Name: _____
Last First Middle

Check One: Male Female

Check one of the following Race/Ethnic groups:

Black White Hispanic American Indian/Alaskan Native

Asian/Pacific Islander

Referral Source:

Newspaper City Employee Walk-in Job Posting

Governmental Employment Agency Other (please specify) _____