

THE TOWN OF ASHLAND CITY EMPLOYMENT APPLICATION

Applications are only accepted for open positions. Applicants should submit the following completed 3 page application to Town of Ashland City at 233 Tennessee Waltz Parkway, Suite 103; Ashland City, TN 37015. Open positions are given a beginning and end date for receiving applications and will not be accepted any other time. This Application for employment is one part of the hiring and employment process. Criminal background check and drug screens are conducted as a part of Town of Ashland City's hiring 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 have any questions regarding the hiring process please contact Human Resources by calling (615)792-4211 or by emailing vblack@ashlandcitytn.gov.

Prior to completing this Application be sure to read the job description of the position for which you are applying. Please be aware of the following:

- * We reserve the right to check all information for accuracy and completeness.
- * All applications for employment are a matter of public record.
- * All applications must be complete and clearly state the position for which you are applying.
- * Offers made to candidates will be contingent upon their ability to pass a criminal background check and preemployment drug screen

The Town of Ashland City is an affirmative action and equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, disability, age, sexual orientation, gender identity, national origin, veteran status, or genetic information. The Town of Ashland City is committed to providing access, equal opportunity and reasonable accommodation for individuals with disabilities in employment, its services, programs and activities. Reasonable accommodations will be made to applicants with disabilities to make such requests, contact the Town's ADA Coordinator Allen Nicholson by emailing anicholson@ashlandcitytn.gov or by calling (615)792-4211. ADA information can be accessed on the Town's website at <https://www.ashlandcitytn.gov/administration/page/americans-disability-act>.



TOWN OF ASHLAND CITY

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
Last Name:	First:	M.I.:	Date:
Permanent Address:			Apartment/Unit #:
City:	State:	Zip:	Phone:
Email Address:		Are you over the age of 18?	
Do you have a legal right to work in the U.S.?			
Have you ever worked for the city?		If so, when?	
Have you ever applied with the city before?		For what position?	When?
Have you ever been convicted of a felony? <i>(note: this may be relevant if job-related, but does not bar you from employment)</i>			
If yes, explain:			
DESIRED EMPLOYMENT			
Position/Department:		Date you can start:	Desired salary:
Are you applying for:	Full Time	Part Time	Seasonal
What hours are you available?			
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've applied? <i>(note: you may later be asked to demonstrate your ability to perform the essential functions)</i>			
Drivers license number (if required by job):			
GENERAL			
Subjects of special study or research work:			
Special training/skills:			
EDUCATION			
Name of High School Attended:			
City:	State:	Do you have a high school diploma?	
College/University/Trade/Business:			City, State, Zip:
Major area of study:			Degree earned?
College/University/Trade/Business:			City, State, Zip:
Major area of study:			Degree earned?
Other training received (special courses, work training programs, armed forces training, etc.):			
Special qualifications and skills (licenses, skills with machines, patents or inventions, publications, etc.):			
REFERENCES			
Please list three persons, other than relatives or former employers who have knowledge of your character and/or abilities.			
Full Name		Years known:	
Mailing Address		Phone:	
Full Name		Years known:	
Mailing Address		Phone:	
Full Name		Years known:	
Mailing Address		Phone:	

MILITARY SERVICE		
Branch:	From:	To:
Rank at discharge:	Type of discharge:	
If other than honorable, explain:		
EMPLOYMENT HISTORY		
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.		
Current/Previous Employer:		Phone:
Address:		Supervisor:
Title of Position:	Starting Salary:	Ending Salary:
Duties and responsibilities:		
From:	To:	Reason for leaving:
May inquiries be made of this employer? <i>(note: a "no" will not affect your consideration for employment)</i>		
Previous Employer:		Phone:
Address:		Supervisor:
Title of Position:	Starting Salary:	Ending Salary:
Duties and responsibilities:		
From:	To:	Reason for leaving:
May inquiries be made of this employer? <i>(note: a "no" will not affect your consideration for employment)</i>		
Previous Employer:		Phone:
Address:		Supervisor:
Title of Position:	Starting Salary:	Ending Salary:
Duties and responsibilities:		
From:	To:	Reason for leaving:
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Duties and responsibilities:		
From:	To:	Reason for leaving:
May inquiries be made of this employer? <i>(note: a "no" will not affect your consideration for employment)</i>		
Previous Employer:		Phone:
Address:		Supervisor:
Title of Position:	Starting Salary:	Ending Salary:
Duties and responsibilities:		
From:	To:	Reason for leaving:
May inquiries be made of this employer? <i>(note: a "no" will not affect your consideration for employment)</i>		

AUTHORIZATION

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.

Signature

Date