

TOWN OF CLARKSVILLE
EMPLOYMENT APPLICATION

THE TOWN OF CLARKSVILLE IS AN EQUAL OPPORTUNITY EMPLOYER
Applicants are considered for positions with the Town of Clarksville without regard to race, religion, color, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

PLEASE PRINT

Position Desired _____ Date _____

Available to work _____ Full Time _____ Part Time _____ Temporary _____ Seasonal

Last Name, First Name, Middle Name or Initial _____

Street Address _____ City _____ State, Zip _____

Cell Phone _____ Alternate Phone Number _____ E-mail Address _____

Are you legally eligible for employment in the United States? _____ Yes _____ No
Proof of U.S. citizenship or immigration status will be required upon employment.

Are you currently employed? _____ Yes _____ No

May we contact you at work if necessary? _____ Yes _____ No
Telephone Number _____

Are you on layoff or subject to recall? _____ Yes _____ No

If under 18 and employed, can you furnish a work permit? _____ Yes _____ No

Will you work overtime if required? _____ Yes _____ No

Have you ever been bonded for purposes of employment? _____ Yes _____ No

When would you be able to start work? _____ Immediately _____ After 2 weeks' notice

Have you completed an application with the Town before? _____ Yes _____ No
If yes, when? _____

Have you been employed with the Town before? _____ Yes _____ No
If yes, when? _____ Department _____

Have you been convicted of a misdemeanor or felony? _____ Yes _____ No
If yes, please explain: _____

You will not be denied a job solely because of a conviction unless the conviction is related to the job for which you have applied

LIST PREVIOUS EMPLOYMENT BELOW – Start with current/most recent employer.

Explain any gaps in employment.

1. Name and Address of Employer	Dates of Employment From: _____ To: _____
	Final Pay Rate
	Job Title
Telephone Number	Supervisor's Name
Job Duties	Reason for Leaving
2. Name and Address of Employer	Dates of Employment From: _____ To: _____
	Final Pay Rate
	Job Title
Telephone Number	Supervisor's Name
Job Duties	Reason for Leaving
3. Name and Address of Employer	Dates of Employment From: _____ To: _____
	Final Pay Rate
	Job Title
Telephone Number	Supervisor's Name
Job Duties	Reason for Leaving

May we contact the employers listed above? _____ Yes _____ No

If no, list name(s) of employer(s) not to contact.

If you have any job training in the military, please describe below:

Branch of Service _____

EDUCATION	High School	Undergrad College	Graduate/ Professional
School Name and Location – City, State			
Diploma or Degree Received			
Course of Study			

Describe any specialized training or apprenticeship you have obtained _____

List any licenses, special skills, knowledge, or abilities you believe relevant to the job for which you are applying: _____

List any business, professional, trade, or civic organizations of which you have been a member. You may exclude any information, which would reveal protected status, such as age, gender, race, etc.

REFERENCES

Provide name, address, and telephone number of three character references whom you have known for at least one year, are not related to you, and are not previous employers.

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT

I certify that the answers given on this application are true and complete. I authorize investigation of all statements contained in this application for employment. I hereby authorize anyone of whom request is made to supply to the Town of Clarksville any information concerning my background in connection with my being considered for employment with the Town of Clarksville. I hereby release all parties, including, but not limited to, the Town of Clarksville, my personal references and my previous employers, from any and all liability for any injury or damage that may result from their furnishing information to the Town of Clarksville concerning me or any action the Town of Clarksville takes on the basis of such information.

In the event of employment, I understand that:

- a. misrepresentation or omission of facts on this application is cause for immediate dismissal;
- b. I am required to and agree to abide by all Town of Clarksville rules and regulations as a condition of employment;
- c. this application is not, and is not intended to be a contract of employment.

Signature

Date

SUPPLEMENTAL DRIVER INFORMATION SHEET

If the position for which you are applying involves driving a truck or operating heavy equipment, such as a backhoe or bulldozer, please supply the following information.

Accident record for past three years:

Date	Nature of Accident	Injuries or Fatalities
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Most Recent _____

Next Previous _____

Nest Previous _____

Traffic convictions for the past three years (other than parking violations):

Location	Date	Charge	Penalty
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Driving Experience:

Class of Equipment	Type (van, tank, flat, etc.)	Approx. # Miles driven	Dates
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List states operated in for last five years: _____

List special courses or training that will help you as a driver:

List safe driving awards you hold and from whom:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege been suspended or revoked? _____