



Have you been convicted of a crime involving property or personal injury?

Yes  No

If yes, please explain below:

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

May we contact the employers listed above?

Yes  No

If "No", list number of employer(s) not to contact \_\_\_\_\_

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

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Branch of Service \_\_\_\_\_

List any business, professional, trade or civic organizations and offices held: (You may exclude any information which would reveal age, gender, race, color, religion, ancestry, disability or other protected status)

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EDUCATION	Elementary School				High School				Undergrad. College or University				Graduate/ Professional			
	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
School Name and Location (City, State)																
Years Completed																
Diploma/Degree																
Describe Course of Study																
Describe any Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																
Describe Any Honors You Have Received																
State Any Additional Information You Feel May be Helpful to Us in Considering Your Application																

Copies of Transcripts, Degrees and/or Licenses will be required.

Please list any licenses, special skills, knowledge or abilities which you believe relevant to the job for which you have applied; \_\_\_\_\_

#### REFERENCES

Provide the name, address and telephone number of three (3) character references who you have known for at least one (1) year, are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### APPLICANT'S STATEMENT

I certify that the answers given herein 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.

I understand that this application is not and is not intended to be a contract of employment.

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 a contract of employment.

I understand this application shall not be given active consideration after ninety (90) days from its submission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# SUPPLEMENTAL DRIVER INFORMATION SHEET.

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

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (Head-on; rear-end; upset; etc.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
LOCATION _____	DATE _____	CHARGE _____	PENALTY _____
LOCATION _____	DATE _____	CHARGE _____	PENALTY _____
LOCATION _____	DATE _____	CHARGE _____	PENALTY _____

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	APPROX. NO. MILES DRIVEN	DATES TO	FROM
STRAIGHT TRUCK _____				
TRACTOR/SEMI-TRAILER _____				
TRACTOR/TWO TRAILERS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

LIST SAFE DRIVING AWARDS YOU HOLD AND FROM WHOM: \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS - DRIVER

LICENSE NO. \_\_\_\_\_ TYPE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?    yes \_\_\_\_\_ no \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?    yes \_\_\_\_\_ no \_\_\_\_\_

IF THE ANSWER TO EITHER QUESTION IS YES, ATTACH STATEMENT GIVING DETAILS

ALL DRIVERS WILL BE REQUIRED TO TAKE AND PASS A PRE-EMPLOYMENT DRUG SCREENING TEST.