
EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB, INCLUDE MILITARY SERVICE ASSIGNMENTS THAT ARE JOB RELATED AND VOLUNTEER ACTIVITIES. EXCLUDE ORGANIZATION NAMES WHICH INCLUDE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.

EMPLOYER _____ TELEPHONE _____
ADDRESS _____
JOB TITLE _____ SUPERVISORS NAME _____
DATE EMPLOYED FROM _____ TO _____ STARTING SALARY _____
ENDING SALARY _____
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____
MAY WE CONTACT FOR REFERENCE? () YES () NO

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ADDRESS _____
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THE CITY OF FRANKLIN IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL BACKGROUND

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE/ BUS/ CORRESPONDENCE				

REFERENCES

LIST THREE PEOPLE WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR, AND KNOW YOUR QUALIFICATIONS OR YOUR CHARACTER.

NAME	ADDRESS	TELEPHONE #	YEARS KNOWN

GENERAL

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A JOB? _____

CAN YOU PROVIDE YOUR OWN TRANSPORTATION TO WORK IF HIRED? _____

DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR THE CITY? (IF YES, INDICATE THEIR NAME, YOUR RELATIONSHIP, AND IN WHICH DEPARTMENT HE/SHE WORKS). _____

SKILLS AND QUALIFICATIONS _____

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD.
(EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN)

LIST ANY OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER

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AGREEMENT

I CERTIFY THAT I PERSONALLY COMPLETED THIS APPLICATION AND THAT ALL ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

I AUTHORIZE THE CITY OF FRANKLIN TO DO A COMPLETE BACKGROUND INVESTIGATION IN ACCORDANCE WITH STATE AND FEDERAL LAWS.

I AUTHORIZE MY PREVIOUS EMPLOYERS TO RELEASE ANY INFORMATION REQUESTED BY THE CITY OF FRANKLIN AND HOLD THEM HARMLESS OF ALL LIABILITY FROM THE RELEASE OF SAID INFORMATION, INCLUDING ALCOHOL AND CONTROLLED SUBSTANCE TESTING.

I UNDERSTAND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW (S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY OF FRANKLIN.

SIGNATURE OF APPLICANT

DATE

DO NOT WRITE BELOW LINE, OFFICE USE ONLY

ARRANGE INTERVIEW () YES () NO

DATE _____

REMARKS: _____

INTERVIEWER _____

EMPLOYED () YES () NO DATE OF EMPLOYMENT _____

JOB TITLE _____ HOURLY RATE / SALARY _____

DEPARTMENT _____

OTHER COMMENTS: _____

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