

Employment Application
 Metropolitan Human Resources Department
 222 Third Avenue North, Suite 158 Nashville, TN 37201
 Office: (615) 862-6640 Jobline: (615) 862-6660 Fax: (615) 862-6659
 http://www.nashville.gov

Equal Opportunity Employer

IMPORTANT INSTRUCTIONS:

1. Type or print all answers
2. Provide all information that is relevant to this position.
3. This application will be used for qualifying applicants for current vacancy.
4. Any updated or new educational information is subject to verification.

Position Applying for: _____

Recruitment Number: _____

Are you a Metro Civil Service Employee? Yes

Citizenship:
 Are you authorized to work in the United States? Yes No

If you receive an offer of employment then employment authorization documentation will be required.

Name:	Last	First	Middle	Suffix	Social Security Number
	_____	_____	_____	_____	_____
Address (Street Name and Number)		Apartment #		E-mail Address	
_____		_____		_____	
City	State	Zip Code	County		
_____	_____	_____	_____		
Driver's License: Do you currently have a valid driver's license?				Telephone Numbers:	
<input type="checkbox"/> Yes <input type="checkbox"/> No				Home: (____) _____	
If yes, driver's license number: _____		Class: _____		Daytime: (____) _____	
State: _____	Expiration Date: _____	Endorsement: _____		Alternate: (____) _____	
Have you ever had your driver's license suspended or revoked?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
The failure to have a driver's license will not always be considered grounds for disqualification, but will be weighed relative to the position sought.					

Education:

If you did not graduate from high school, do you have a General Education Diploma (GED)? Yes No

	High School	Vocational/Technical	College/University	Graduate Professional
School Name City and State	_____	_____	_____	_____
Year Completed	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____
Dates Attended Month/Year	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
Type of Diploma/Degree and Major	_____	_____	_____	_____

Please list any profession you are licensed or certified to practice, giving the type, number, expiration date, and state by which the license was issued: _____

Check "Yes" or "No" for each of the following questions. If you check "Yes" to any questions, give details in the area provided below.

1. Are you now or have you ever been an employee of the Metropolitan Government? Yes No
If yes, please give employment dates and department.
2. Are you claiming veteran's preference for military service during a period of war or conflict? Yes No
If yes, Form 214 with type of discharge must be provided.
3. Have you ever been convicted for violation of the law other than minor traffic offenses? Yes No
If yes, state the nature of the offense(s), city, state and disposition.

NOTE: A conviction record will not always be considered grounds for disqualification, but will be weighed relative to the position being sought.

4. Have you ever been discharged or forced to resign from employment? Yes No
NOTE: Do not include business closures or general layoffs.

Use this section for giving complete details to all "Yes" answers to questions 1 through 4 above:

Question No. Explanation

EMPLOYMENT EXPERIENCE: May we contact your present employer? Yes No

Start with your last or present job. Include any job related military assignments and volunteer activities. Ask for additional forms if more space is needed or use a blank sheet of paper.

Employer: _____

Job Title: _____ Date Employed (Month/Year)

Name of Supervisor: _____ Phone: (____) _____ From: _____ To: _____

Address: _____ Starting Salary \$ _____ per _____

Total # of employees supervised by you: _____ Ending Salary \$ _____ per _____

Reason of Leaving: _____

Specific Job Duties: _____

Equipment/Computer Software Used: _____

Employer: _____

Job Title: _____ Date Employed (Month/Year)

Name of Supervisor: _____ Phone: (____) _____ From: _____ To: _____

Address: _____ Starting Salary \$ _____ per _____

Total # of employees supervised by you: _____ Ending Salary \$ _____ per _____

Reason of Leaving: _____

Specific Job Duties: _____

Equipment/Computer Software Used: _____

Employer: _____

Job Title: _____ Date Employed (Month/Year)

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Specific Job Duties: _____

Equipment/Computer Software Used: _____

Employer: _____

Job Title: _____ Date Employed (Month/Year)

Name of Supervisor: _____ Phone: (____) _____ From: _____ To: _____

Address: _____ Starting Salary \$ _____ per _____

Total # of employees supervised by you: _____ Ending Salary \$ _____ per _____

Reason of Leaving: _____

Specific Job Duties: _____

Equipment/Computer Software Used: _____

APPLICANT STATEMENT

- I. I hereby affirm that the information I have provided in this application, employment history attachment and the accompanying resume, if any, is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration for employment or result in my dismissal from employment.
- II. I understand that nothing contained in this employment application, or in granting an interview, is intended to create an express or implied employment contract between Metropolitan Nashville Government and myself. No promises regarding employment or duration of employment have been made to me.
- III. I understand that any offer of employment will be conditional on successful completion of a number of requirements, including a health assessment, verification of credentials and experience, and similar screenings required for the position. I understand that drug and/or alcohol tests are required for appointment to health and safety related positions, and for CDL holders who may drive in the course of employment. The results of the above screenings or assessments will be released to the department coordinator and may be a factor in determining my suitability for the position for which I have applied.
- IV. I authorize Metropolitan-Nashville Government or its representatives to investigate and verify any and all of the information contained in this employment application, and to conduct a criminal background investigation. I also authorize all previous employers, schools, organizations and individuals listed herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for employment.
- V. I understand that in compliance with Tennessee State Law all applications are subject to Public Disclosure.

Signature: _____

Date: _____

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Equal Employment Opportunity Information

Metro Government is committed to equal employment opportunities and strives to have a work force that reflects the community we serve. To measure recruiting and to file statistical reports, which are periodically required, we request that you provide the following information. This will not be used in evaluating your application and will be removed before the application is forwarded to hiring authorities. Completion of this form is voluntary.

Name: _____

Date: _____

Social Security Number: _____

Position Applied for: _____

Sex: Female Male

Race: American Indian/Native Alaskan Asian/Pacific Islander

Black Hispanic/Latino

White Other

Veteran: Vietnam Era: Disabled Veteran: Date(s) Served: _____

Are you able to perform the tasks of the job for which you are applying with, or without a reasonable accommodation? Yes No

Please notify the interviewer of any accommodation you may need to participate in the selection process. If accommodation is needed for a written or oral exam, notify the Test Administrator at least 48 hours in advance.

How did you find out about us?

- | | | |
|--|--|--|
| <input type="checkbox"/> Walk-In (11) | <input type="checkbox"/> Newspaper/Magazine (01) | <input type="checkbox"/> Already employed with Metro (15) |
| <input type="checkbox"/> Internet (12) | <input type="checkbox"/> Channel 3 (13) | <input type="checkbox"/> Recruiting Presentation/Fair (08) |
| <input type="checkbox"/> Job-line (03) | <input type="checkbox"/> School (05) | <input type="checkbox"/> N.C.A.C. (14) |
| <input type="checkbox"/> Metro Employee (07) | <input type="checkbox"/> Community Agency (06) | <input type="checkbox"/> Other: _____ |