

Department of Human Resources  
800 Second Avenue North  
Nashville, TN 37201  
Office: 615-862-8860  
Fax: 615-862-8881

**Instructions:**

1. Please complete all questions by typing or printing all answers in dark ink.
2. Notify the Human Resources Department of the Metropolitan Action Commission of any change of information immediately.
3. A separate application must be completed for each position.

**FOR WHICH POSITION ARE YOU APPLYING?** \_\_\_\_\_

**YOUR COMPLETE NAME:**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Maiden Name Any other names used

\_\_\_\_\_  
Address (Street Name and Number) Apartment E-mail Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home ( ) Business ( ) Pager ( ) Cell ( )

Driver's License: \_\_\_\_\_ ζ  
 Number \_\_\_\_\_ State \_\_\_\_\_ ζ  
 Expiration Date \_\_\_\_\_ ζ  
 Type (check) A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ ζ  
 CDL Endorsements (check) P \_\_\_ S \_\_\_ ζ

Citizenship: (check one)  
 \_\_\_ A citizen of The United States  
 \_\_\_ Lawful permanent resident  
 \_\_\_ An alien authorized to work

**EDUCATION:**

Did you graduate from high school? \_\_\_ Do you have high school equivalency (GED)? \_\_\_ Did you graduate from college? \_\_\_

**HIGH SCHOOL** \_\_\_\_\_ Location (city and state) \_\_\_\_\_

Years completed (check one) 8\_\_ 9\_\_ 10\_\_ 11\_\_ 12\_\_ GED \_\_\_ Dates attended (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Diploma or Degree \_\_\_\_\_ Major Field of Study \_\_\_\_\_

**VOCATIONAL/TECHNICAL** \_\_\_\_\_ Location (city and state) \_\_\_\_\_

Years completed (check one) 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_ Dates attended (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Diploma or Degree \_\_\_\_\_ Major Field of Study \_\_\_\_\_

**COLLEGE/UNIVERSITY** \_\_\_\_\_ Location (city and state) \_\_\_\_\_

Years completed (check one) 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_ Dates attended (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Diploma or Degree \_\_\_\_\_ Major Field of Study \_\_\_\_\_

**GRADUATE/PROFESSIONAL** \_\_\_\_\_ Location (city and state) \_\_\_\_\_

Years completed (check one) 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_ Dates attended (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Diploma or Degree \_\_\_\_\_ Major Field of Study \_\_\_\_\_

**OTHER** \_\_\_\_\_ Location (city and state) \_\_\_\_\_

Years completed (check one) 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_ Dates attended (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Diploma or Degree \_\_\_\_\_ Major Field of Study \_\_\_\_\_

Please list any profession you are licensed and/or certified to practice giving the type, number, expiration date and state in which the license was issued \_\_\_\_\_

Are you bilingual? \_\_\_\_ Which language(s)? \_\_\_\_\_

For each of the following questions, please check "Yes" or "No." If you check "Yes" to any question, give details in the area provided below. If necessary, please continue on a separate piece of paper.

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. Have you ever applied for employment with the Metropolitan Government before? Yes\_\_\_ No\_\_\_  
If yes, state position for which you applied and the approximate date that you applied.
3. Are you claiming veteran's preference for military service during a period of war or conflict? Yes\_\_\_ No\_\_\_  
If yes, please provide Form 214 with the type of discharge.
4. Have you ever been convicted for violation of the law other than minor traffic offenses? Yes\_\_\_ No\_\_\_  
(NOTE: A conviction record will not always be considered grounds for disqualification but will be weighed relative to the position being sought.)
5. Have you ever been discharged or forced to resign from employment? Yes\_\_\_ No\_\_\_  
(NOTE: Do not include business closures or general layoffs.)

Please use this section to explain any "Yes" answers to questions one through five above. If necessary, use additional paper.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Are you related to any current employee of the Metropolitan Action Commission? Name \_\_\_\_\_ Relationship \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:**

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Start with your last or present position. Include any military assignments and volunteer activities. Use additional paper if necessary.

<b>Employer</b>	<b>Your Position Title</b>	<b>Name of Supervisor</b>	<b>Date employed (Month and Year)</b>	
_____	_____	_____	<b>From:</b>	<b>To:</b>
<b>Address</b>	<b>Telephone Number</b>		<b>Starting Salary</b>	<b>Ending Salary</b>
_____	( ) -		_____	_____
<b>Reason for leaving or considering a change</b>				
_____				
<b>Specific Duties</b>				
_____				
<b>Equipment/Computer Software Used</b>				
_____				

<b>Employer</b>	<b>Your Position Title</b>	<b>Name of Supervisor</b>	<b>Date employed (Month and Year)</b>	
_____	_____	_____	<b>From:</b>	<b>To:</b>
<b>Address</b>	<b>Telephone Number</b>		<b>Starting Salary</b>	<b>Ending Salary</b>
_____	( ) -		_____	_____
<b>Reason for leaving or considering a change</b>				
_____				
<b>Specific Duties</b>				
_____				
<b>Equipment/Computer Software Used</b>				
_____				

<b>Employer</b>	<b>Your Position Title</b>	<b>Name of Supervisor</b>	<b>Date employed (Month and Year)</b>	
_____	_____	_____	<b>From:</b>	<b>To:</b>
<b>Address</b>	<b>Telephone Number</b>		<b>Starting Salary</b>	<b>Ending Salary</b>
_____	( ) -		_____	_____
<b>Reason for leaving or considering a change</b>				
_____				
<b>Specific Duties</b>				
_____				
<b>Equipment/Computer Software Used</b>				
_____				

1. To the best of my knowledge, 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. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration for employment or result in my dismissal from employment.
2. I understand that nothing contained in this employment application, or in granting an interview, is intended to create an expressed or implied employment contract between the Metropolitan Action Commission and myself. No promises regarding employment or duration of employment have been made to me.
3. 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 child caring and 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.
4. I authorize the Metropolitan Action Commission or its representatives to investigate and to 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.
5. I understand that in compliance with Tennessee law, all applications are subject to public disclosure.

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_