CITY OF CROSS PLAINS

7622 Hwy 25 East
Cross Plains, TN 37049
615-654-2555

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: $ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma:: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

_____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

_____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

_____

_____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

_____

_____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

City of Cross Plains
Release for Background Check

The City of Cross Plains requires the following information from the applicant for a background investigation:

Full Name: _____
(First, Middle, Last)

Other Names/Aliases to include maid name if applicable: _____

_____

Home Address: _____ City/State/Zip: _____

List all states you have resided in: _____

Sex: _____ ; Race: _____ ; Weight _____lbs; Height: _____ft _____in; Eye color: _____ ; Hair color: _____

State of Birth: _____ Date of Birth: ___ ___ _____ Social Security Number: _____

US Citizenship (if applicable) Yes / No Work Visa number (if applicable): _____

Driver's License Number: _____ Driver's License State: _____

Armed Forces Number (if applicable) _____ Active Duty or Reserve: _____

Military Contact Name: _____ Contact Number: _____

I, _____ (print name legibly) authorize the City of Cross Plains to conduct a background check as part of the employment application process. I understand that this may include verification of the information provided in my application, as well as a review of criminal history, employment history, education, character, general reputation and other relevant records. I further understand that the City of Cross Plains may obtain additional information throughout my employment, contract period or volunteer assignment without asking for my authorization again.

By my signature below, I agree that the personal information I provide with this application or otherwise in connection with my background investigation is true, accurate and complete to the best of my knowledge. I understand that dishonesty or material omission may disqualify me from consideration for employment, I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original.

Printed name of applicant: _____

Signature of applicant: _____

<u>At Will Statement:</u>
I understand that employment with the City of Cross Plains is at-will, meaning that either I or the city may terminate the employment relationship at any time, with or without cause or with or without notice, subject to applicable law. I further understand that no representative of the company has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to this at-will policy, unless it is in writing and signed by an authorized representative of the city and myself.

Applicant Signature: _____