

CITY OF GALLATIN

Personnel Department

132 W. Main Street, Gallatin, TN 37066-3289

Phone (615) 451-5890 Fax (615) 451-5960

www.gallatinonthemove.com

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

The City of Gallatin is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, veteran status, physical or mental disability, or any other legally protected status, and we request that you exclude any information which might indicate any of the above.

(Please Print Neatly)

POSITION OR TYPE OF WORK DESIRED (1)	SALARY EXPECTED?
POSITION OR TYPE OF WORK DESIRED (2)	WHEN AVAILABLE?
NAME IN FULL (PRINT) LAST FIRST MIDDLE	SOCIAL SECURITY NO. (LAST 4 DIGITS)
PRESENT ADDRESS: STREET CITY STATE ZIP	PHONE # (HOME) (WORK) (OTHER)
EMAIL ADDRESS:	

EDUCATION AND TRAINING

WE MAY REQUIRE PROOF OF CLAIMED EDUCATION BEFORE FINALIZING A JOB OFFER	CIRCLE HIGHEST GRADE COMPLETED														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HIGH SCHOOL	CITY/STATE	GRADUATED [] YES [] NO	IF YOU DID NOT GRADUATE FROM HIGH SCHOOL DID YOU COMPLETE THE G.E.D.? [] YES [] NO												
COLLEGE	CITY/STATE	[] YES [] NO	MAJOR	MINOR	DEGREE										
POST GRADUATE	CITY/STATE	[] YES [] NO	MAJOR	MINOR	DEGREE										

EMPLOYMENT HISTORY

EMPLOYER – LAST OR PRESENT	ADDRESS	DATE START	DATE FINISH
KIND OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISH
POSITION	EQUIPMENT OPERATED	NAME OF IMMEDIATE SUPERVISOR	
DUTIES	MAY WE CONTACT THIS EMPLOYER? [] YES [] NO		

EMPLOYER – NEXT PREVIOUS	ADDRESS	DATE START	DATE FINISH
KIND OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISH
POSITION	EQUIPMENT OPERATED	NAME OF IMMEDIATE SUPERVISOR	
DUTIES	MAY WE CONTACT THIS EMPLOYER? [] YES [] NO		

EMPLOYER – NEXT PREVIOUS	ADDRESS	DATE START	DATE FINISH
KIND OF BUSINESS	REASON FOR LEAVING	SALARY START	SALARY FINISH
POSITION	EQUIPMENT OPERATED	NAME OF IMMEDIATE SUPERVISOR	
DUTIES	MAY WE CONTACT THIS EMPLOYER? [] YES [] NO		

If additional experience blocks are needed, please use extra sheets and attach to this form.

A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED TO BE VALID

GENERAL INFORMATION

Have you submitted a previous application for employment with the City of Gallatin? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Rank when discharged:	Type of Discharge:
Are you interested in Temporary (seasonal) work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you work:	If part-time:
	Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time <input type="checkbox"/>	Days:
		Part-time <input type="checkbox"/>	Hours:
Have you previously worked for the City of Gallatin? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete next line: WHEN: (Date) From: _____ To: _____ POSITION: _____ DEPARTMENT: _____			
Are any of your relatives (by blood or marriage) presently employed by the City of Gallatin? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the information to the right.	NAME OF RELATIVE	RELATIONSHIP	DEPARTMENT
Do you currently have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State of Issue _____ License # _____ Expiration Date _____			
To enable us to check on your work and educational record, have you ever changed your name or used an assumed name or nickname? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate other names or nicknames: _____			
Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below: A conviction will not necessarily disqualify you from employment but will be considered as it relates to fitness and ability to perform the job.			
DATE	PLACE	CONVICTED OF	DISPOSITION

To assist us in finding the proper position for you, use the space below to summarize any additional information necessary to describe your full qualifications such as special training or skills, and career goals. If you are aware that a position you are interested in has special requirements, please indicate that you meet those requirements.

Our policy regarding drugs in the workplace: The City of Gallatin is committed to protecting the health and safety of its employees. Our policy prohibits the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or illegal controlled substances on city premises or while conducting city business off city premises. It is also against our disciplinary rules to report to work with impaired ability as the result of, or signs of recent prior use of, alcohol or illegal controlled substances. Employees who are required to take prescription and/or over the counter medications shall notify the proper supervisory personnel before the employees go on duty. In addition, all employees must comply with the Tennessee "Non-Smoker Protection Act", which prohibits smoking in certain places of employment.

As part of our pre-employment examination, we require that prospective employees undergo a drug screen. Those individuals who test positive for (that is, showing signs of prior use) illegal controlled substances (e.g. stimulants, depressants, hallucinogens, opiates, or non-prescription medications and/or abuse of legal and/or prescription drugs) will not be hired by the City of Gallatin.

PLEASE READ CAREFULLY
Applicant's Certification & Agreement

I understand that the filing of this application merely places my name in consideration for employment and in no way guarantees me a job or a right to any job. I further understand that any falsification or omission of a material fact as stated or implied, in my application, other employment documents, or interview(s) may be sufficient reason for not hiring me and/or termination of employment. I acknowledge that temporary and probationary employment as defined by the City's Personnel Rules may be terminated with or without cause and those employees of the City's classified service are afforded employment rights only as expressly provided for in the City's Personnel Rules. I authorize the City of Gallatin to accomplish whatever background investigation is deemed necessary, authorize all parties to furnish the City with any and all information they may have concerning me, and release all such parties from any and all liability for any and all damage whatsoever incurred in furnishing this information. I authorize the City of Gallatin to obtain a consumer credit report from a credit reporting service as permitted for employment purposes under the Fair Credit Reporting Act. I agree to conform to the City of Gallatin's drugs in the workplace policy and agree to submit to drug tests as required as a condition of my employment.

SIGNATURE OF APPLICANT DATE

Application must be signed to be valid.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment will be based only on your merit and no other consideration.