

TOWN OF COLLIERVILLE EMPLOYMENT APPLICATION



THE TOWN OF COLLIERVILLE IS AN EQUAL OPPORTUNITY DRUG FREE WORKPLACE EMPLOYER

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an **accommodation** in order to complete the application or any part of the hiring and employment process, please call the following number: **901-457-2290**. Prior to completing this application, be sure to read the **JOB DESCRIPTION** of the position for which you are applying.

As you complete the application, please bear in mind the following: if an item does not apply to you, write N/A; we reserve the right to check all information for accuracy and completeness; all applications for employment are a matter of public record. Any misstatements or omissions of material fact herein may cause any offer of employment made by the Town of Collierville to be withdrawn or employment with the Town of Collierville terminated. **Failure to fully complete this application in a legible manner may result in immediate rejection.**

This application will be considered active only until the position for which it has been submitted has been filled. Any applicant wishing to be considered for employment other than the position applied for should inquire as to when applications are being accepted and reapply. A completed and signed pre-employment background investigation consent form **must** be submitted with your application.

GENERAL INFORMATION

Date: _____ Job Number (see job advertisement) 1. _____ 2. _____

Position Desired 1. _____ 2. _____

Are you applying for: _____ Full Time _____ Part Time _____ Seasonal

If Part Time, what days/hours are you available: _____

Have you applied with the Town of Collierville before? (Circle) Yes No

Have you been employed by the Town of Collierville before? (Circle) Yes No

If YES, please complete the following: Length of Service: _____

Position Held: _____ Department: _____

PERSONAL INFORMATION

Your Name: _____
Last First Middle

Phone Numbers: Home _____ Cell _____ Business _____

Address: _____
Number Street
City State Zip Code

Email Address: _____

PERSONAL INFORMATION (cont.)

Do you have a legal right to work in the U.S.? (Circle) Yes No

Are you over the age of 18? (Circle) Yes No

Are you related to any town official or employee? Yes _____ No _____ If yes, please state name, department and relationship: _____

Do you possess a valid driver's license? Yes _____ No _____ CDL? Yes _____ No _____

For what state? _____ Expiration Date: _____ Class: _____

Have you read the job description for the position(s) you are applying? Yes _____ No _____

Can you perform the essential functions of this/these position(s)? Yes _____ No _____

List any job related special qualifications and skills (licenses, certifications, skills with machines, etc.):

List computer software programs and number of years' experience: _____

How did you find out about this position? Please select all that apply:

TOC HR Department _____ TOC Employee (please specify) _____

Website (please specify) _____ Newspaper (please specify) _____

Career Fair (please specify) _____ Other _____

YOUR EDUCATION AND TRAINING

Circle highest grade completed:

HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL			
1	2	3	4	1	2	3	4	1	2	3	4

SCHOOLS	NAME & ADDRESS OF SCHOOL	CHECK IF GRAD	DEGREE OBTAINED	S/Q HRS	MAJOR COURSE WORK
HIGH SCHOOL/ GED					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					
VOCATIONAL/ BUSINESS					
MILITARY SCHOOLS					
OTHER STUDIES/ SPECIAL TRAINING					

EXPERIENCE

***A RESUME OF YOUR EMPLOYMENT RECORD WILL NOT BE ACCEPTED
IN PLACE OF THE REQUESTED EMPLOYMENT INFORMATION***

Starting with your current or last job, list your last three (3) employers since age 18. If your last three (3) employers do not cover a period of ten (10) years, list previous employers, including self-employment, military service and volunteer work, **to account for ten (10) years of employment. Use an additional sheet, if necessary.** Account for all periods of unemployment, but if you were unemployed because of medical reasons do not give any specific information, just state "medical." A resume may be included as a supplement to the application.

PRESENT OR LAST EMPLOYER

Street Address, City, State _____

Phone Number _____

Starting Date _____ Ending Date _____ Hours/Week _____

Supervisor's Name and Title _____

Your Job Title _____ May we contact this employer? Yes _____ No _____

Brief description of job duties: _____
_____Reason(s) for leaving: _____

NEXT PREVIOUS EMPLOYER

Street Address, City, State _____

Phone Number _____

Starting Date _____ Ending Date _____ Hours/Week _____

Supervisor's Name and Title _____

Your Job Title _____ May we contact this employer? Yes _____ No _____

Brief description of job duties: _____
_____Reason(s) for leaving: _____

NEXT PREVIOUS EMPLOYER

Street Address, City, State _____

Phone Number _____

Starting Date _____ Ending Date _____ Hours/Week _____

Supervisor's Name and Title _____

Your Job Title _____ May we contact this employer? Yes _____ No _____

Brief description of job duties: _____
_____Reason(s) for leaving: _____

REFERENCES

Please list three responsible persons (*other than relatives or former employers*) who have knowledge of your qualifications for employment.

Name	Address	Phone Number	Years

READ THE FOLLOWING STATEMENT BEFORE SIGNING YOUR APPLICATION:

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts herein may cause an offer of employment made by the Town of Collierville to be withdrawn or my employment with the Town of Collierville terminated. I further understand that all information provided herein is public record and is subject to review upon request.

I authorize the Town of Collierville to conduct a thorough investigation of my references and past employment and to conduct background checks consisting of the following: credit, criminal and driver’s license, and any other job related certifications. I understand that if an offer of employment is made to me, I may be required to submit to a physical examination and a review of my medical history. Accordingly, I authorize these parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I respectfully request that former employers furnish the necessary information concerning my employment with their organization and I hereby release them from any and all liability for damages for providing information requested.

I do acknowledge and accept that under Tennessee law, any information with the exception of medical, will become public record upon receipt by the Town of Collierville. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the Town of Collierville or its agents or employees, arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the Town of Collierville’s handling, processing, investigation, etc. of my application for employment with the Town of Collierville.

If I am hired, I agree to conform to the rules and regulations of the Town of Collierville set forth in the Town of Collierville’s personnel policies and procedures and acknowledge that these rules and regulations may be changed by the Town of Collierville at any time, at the Town of Collierville’s sole option and without any prior notice to me. I acknowledge that if I am employed, my employment will be at will and may be terminated with or without cause at any time by me or by the Town of Collierville. I agree to conform to the Town of Collierville’s drug-free workplace policy and agree to submit to drug tests as required by the Town of Collierville.

Applicant’s Signature _____ Date _____

**APPLICATIONS MUST BE SIGNED AND DATED.
UNSIGNED APPLICATIONS WILL RESULT IN IMMEDIATE REJECTION.**

TOWN OF COLLIERVILLE
Human Resources
500 Poplar View Parkway
Collierville, TN 38017



NOTICE TO APPLICANTS
Screening tests for illegal drug use may be required as a condition of employment

TOWN OF COLLIERVILLE

500 Poplar View Parkway, Collierville, Tennessee 38017

Phone: (901) 457-2290 - Fax: (901) 457-2295

BACKGROUND INVESTIGATION CONSENT FORM

I, the undersigned, hereby authorize the Town of Collierville, either directly or through its agent, to investigate my background for employment purposes, both at the time I apply for employment and during my employment if hired. This may include information as to character, financial responsibility, or relevant information from criminal and/or civil records. Records from public and private sources may be reviewed concerning criminal history, civil court cases, driving record, credit history and references. By signing below, I also consent to regular checks of my driving record during employment if my job involves the driving of a Town vehicle. I acknowledge that a fax or photographic copy of this form shall be as valid as the original. I further understand that a complete disclosure of the nature and scope of this investigation may be obtained by a written request received within ninety (90) days.

I understand that my consent to this background check is required for consideration for employment with the Town of Collierville and for my further employment if currently employed. I further understand that information provided herein denoted by an asterisk (*) will not be considered or used by the Town of Collierville in any hiring decision. Please PRINT CLEARLY all information below.

_____ Last Name	_____ First Name	_____ Middle Name
_____ Other Names Used		
_____ Current Address	_____ City/State/Zip	_____ How Long?
_____ Previous Address	_____ City/State/Zip	_____ How Long?
_____ Date of Birth (required)*	_____ Social Security Number (required)	_____ F/M
_____ Driver's License Number	_____ Issuing State	_____ Expiration

I hereby authorize, without reservation, any law enforcement agency, company, institution, credit bureau, or references contacted by the Town of Collierville or its agents, to furnish the information described above.

Signature: _____ Date: _____