

(Print) Last Name	First	Middle	Date of Application
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**Applications are available only for open positions for which public notice has been made. Please indicate the specific advertised position you are applying for in the space provided.**

Title of advertised position you are applying for: \_\_\_\_\_

How did you hear about this position...

Local newspaper

Referred by: \_\_\_\_\_

Knoxville newspaper

Municipal building posting

Other: \_\_\_\_\_

# Employment Application City of Maryville



**AN EQUAL OPPORTUNITY EMPLOYER**

## NOTICE TO APPLICANTS

*We are proud to be a drug free workplace. Screening tests for illegal drug use may be required before hiring and during employment.*

*This document is a public record and open to inspection by any citizen of the State of Tennessee pursuant to TCA Section 10-7-503.*

**Human Resources  
404 West Broadway  
Maryville, TN 37801  
(865) 273-3425**

- Nepotism policy prohibits hiring relatives of active City of Maryville employees
- Minimum of a high school diploma or equivalent required
- Valid TN drivers license required
- Positive identification will be required
- Attach any additional information or documents to this application

# AUTHORIZATIONS

I authorize investigation of all statements contained in this application, and it is understood and agreed that any misrepresentation by me in this application will be sufficient for cancellation of the application and/or for separation from City service if I have been employed.

I hereby authorize any person or organization whose name I have given as reference, or by whom I have been previously employed, to furnish the City of Maryville any information they may have concerning me, and I hereby release all such persons and organizations from any claims for damages. I understand that a background check may include social networking and on-line searches.

I hereby authorize investigation of my criminal record.

I agree, if employed, to abide by all the rules, regulations and ordinances in the City of Maryville.

I understand that the completion of this Application of Employment does not constitute an offer of employment.

I further understand that if I am employed by the City of Maryville this Application for Employment will not constitute a contract of employment.

I understand that, if the position for which I may be hired involves driving City vehicles, proof of a valid driver's license is required at initial employment and that the City also requires me to notify Human Resources within seventy-two (72) hours if there is a change of status of my driver's license.

I certify that the information I have given is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(please sign full name)

Please list persons, other than relatives or personal friends, who have knowledge of your character and/or abilities.

<b>R E F E R E N C E S</b>		<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE</b>	<b>YEARS KNOWN</b>
	1				
	2				
	3				
	4				

## PERSONAL

E-mail Address	Telephone No.	Cell Phone No.
Present Address	City	State
Zip		
Are you over the age of 18?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
Federal and applicable state laws prohibit discrimination on the basis of age.		
Are you legally eligible for employment in the United States?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
What date can you begin work?		Desired starting salary/rate:
Have you ever applied for employment with the City of Maryville before:      Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes; when, what job:		
Would you accept temporary work?      Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time work?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a misdemeanor or felony? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain fully:		Answering yes to this question does not automatically disqualify you from consideration for employment.
Do you have any relatives working for the City of Maryville? <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/>      Indicate relation _____</span>		
Do you hold a valid Tennessee Driver's License? _____ Yes _____ No		
Driver License No. _____ State Issued _____		
Complete only if applying for Police Officer or Firefighter:  Birth Date: _____ / _____ / _____      Are you a U.S. citizen? _____ Yes _____ No		

## EDUCATION - TRAINING

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you did not complete high school, do you have a G.E.D. ? \_\_\_\_\_ Yes \_\_\_\_\_ No

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

<b>1</b>	Company Name	Telephone (      )
	Address                      City                      State      Zip	Employed - (State month and year) From                      To
	Name of Supervisor	Salary Start                      Last
	Job Title and Duties	Reason for Leaving

<b>2</b>	Company Name	Telephone (      )
	Address                      City                      State      Zip	Employed - (State month and year) From                      To
	Name of Supervisor	Salary Start                      Last
	Job Title and Duties	Reason for Leaving

<b>3</b>	Company Name	Telephone (      )
	Address                      City                      State      Zip	Employed - (State month and year) From                      To
	Name of Supervisor	Salary Start                      Last
	Job Title and Duties	Reason for Leaving

<b>4</b>	Company Name	Telephone (      )
	Address                      City                      State      Zip	Employed - (State month and year) From                      To
	Name of Supervisor	Salary Start                      Last
	Job Title and Duties	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employers Number(s) _____ Reason _____

<b>MILITARY</b> Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
Describe any training received relevant to the position for which you are applying: _____	
_____	
_____	