



## TOWN OF FARRAGUT APPLICATION FOR EMPLOYMENT

THE TOWN OF FARRAGUT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR VETERAN STATUS IN EMPLOYMENT OPPORTUNITIES AND BENEFITS.

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 any part of the hiring and employment process, please call the following number: (865) 966-7057.

Prior to completing this Application be sure to read the **JOB DESCRIPTION** of the position for which you are applying. As you complete this Application, please bear in mind the following:

- we reserve the right to check all information for accuracy and completeness
- all applications for employment are a matter of public record
- if you need accommodation in order to complete this Application, please notify the Town of Farragut.

### GENERAL INFORMATION

Your Name: \_\_\_\_\_  
Last First Middle Initial

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

Address:

\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Code

## PERSONAL INFORMATION

Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Are You Applying For: <sup>Home</sup> \_\_\_\_\_ full time <sup>Business</sup> \_\_\_\_\_ part time \_\_\_\_\_ seasonal

If Part Time, What Days/Hours Are You Available: \_\_\_\_\_

Have You Applied With the City Before? \_\_\_\_\_ yes \_\_\_\_\_ no

Do You Have A Legal Right to Work in the U.S.? \_\_\_\_\_ yes \_\_\_\_\_ no

Are You Over the Age of 18? \_\_\_\_\_ yes \_\_\_\_\_ no

Have You Ever Been Convicted of a Felony? \_\_\_\_\_ yes \_\_\_\_\_ no  
(note: this may be relevant if job-related, but does not bar you from employment)

If Yes, Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

Driver's License Number (if required by job): \_\_\_\_\_

## YOUR EDUCATION AND TRAINING

High School Attended: \_\_\_\_\_

\_\_\_\_\_

City

State

Do You Have a High School Diploma? \_\_\_\_\_ yes \_\_\_\_\_ no

Please List Other Education You Have Received:

College/University/Trade Or Business Schools Attended	City/State	Degree Earned? Type of Degree	Major Area Of Study

**List Other Training Received (special courses, work training programs, armed forces training, etc.):**

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**List Any Special Qualifications and Skills (licenses, skills with machines, patents or inventions, publications, etc.):**

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**Based on the JOB DESCRIPTION of the position for which you are applying:**

Are you able to perform the essential functions of the job for which you've applied (note: you may later be asked to demonstrate your ability to perform the essential functions)?

\_\_\_\_\_ I will need reasonable accommodations in order to perform the essential functions (please complete the next question)

**Please describe any accommodations you will need in order to adequately perform the essential functions of the position:**

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### REFERENCES

**Please list three or four persons, other than relatives or former employers who have knowledge of your character and/or abilities:**

Name	Mailing Address	Years Known	Phone

## PRIOR EMPLOYMENT RECORD

List Below All Present and Past Employment Information and/or Substantive Volunteer Work:

Name and Address of current or most recent employer:	
Phone #:	
Your supervisor:	
Your job title:	
Responsibilities:	
Date hired:	Date left:
Reason for leaving:	
Starting salary:	Ending salary:
May we contact this employer: ____yes ____no	

Name and Address of current or most recent employer:	
Phone #:	
Your supervisor:	
Your job title:	
Responsibilities:	
Date hired:	Date left:
Reason for leaving:	
Starting salary:	Ending salary:
May we contact this employer: ____yes ____no	

Name and Address of current or most recent employer:	
Phone #:	
Your supervisor:	
Your job title:	
Responsibilities:	
Date hired:	Date left:
Reason for leaving:	
Starting salary:	Ending salary:
May we contact this employer: _____yes _____no	

Name and Address of current or most recent employer:	
Phone #:	
Your supervisor:	
Your job title:	
Responsibilities:	
Date hired:	Date left:
Reason for leaving:	
Starting salary:	Ending salary:
May we contact this employer: _____yes _____no	

**\* \* \* IMPORTANT \* \* \***

**I hereby affirm that the information provided on this application (an accompanying resume, if any) is true and complete to the best of my knowledge. I understand that my failure to answer all non-optional questions asked by this application, or falsification of any statement made herein, may result in rejection of my application or dismissal from employment if discovered after hiring. Furthermore, I understand that just as I am free to resign at any time, the Town of Farragut reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Town of Farragut has the authority to make any assurances to the contrary.**

**I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.**

**I give the Town of Farragut the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Town of Farragut and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.**

**I agree that, if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the Town's general liability insurance carrier shall be considered misconduct that may result in my dismissal.**

**As part of the employment process, I agree to submit to a physical examination and drug and alcohol screening by a physician or laboratory selected by the Town. At any time during my employment by the Town, if employed, I also agree to submit upon request to a physical examination by a physician or laboratory selected and paid by the Town for any injuries incurred or drug and alcohol screening if there is reasonable suspicion.**

**This application is current for only (90) days. At the conclusion of this time, if I have not heard from the Town of Farragut and still wish to be considered for employment, it will be necessary for me to fill out a new application.**

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Applicant Signature

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Date