



# City of Bartlett

Personnel Department  
 6400 Stage Road, Bartlett TN 38134  
 (901) 385-6400

## Application for Employment

1. This statement constitutes part of the examination process. All requested information on this form must be accurately and completely provided to be considered for this position.
2. Please be aware **the information you provide is all that is available for the job screening process.** Be specific in your experience, training and/or education.
3. Print or type only. Write N/A where requested information is not applicable.
4. Additional information may be attached to this form.
5. **Federal law requires that all new employees provide proof of identity and employment eligibility at the time of employment.** If you are hired, you must be able to provide one of the following: a US passport with attached employment authorization, or an alien registration card with photograph. If you are hired and you do not have any of the above documents, you will be required to provide both a drivers license or state issued photo I. D. Card and one of the following: an original social security card, a certified copy of your birth certificate or an unexpired INS employment authorization.

DATE: \_\_\_\_\_

APPLICATION REQUIRED FOR EACH POSITION DESIRED		MINIMUM SALARY YOU WILL ACCEPT	
POSITION DESIRED:		PAY \$	PER
NAME (Last, First, Middle)	(Maiden)	HOME TELEPHONE	When will you be available?
		( )	
NUMBER AND STREET		BUSINESS TELEPHONE	
		( )	
CITY, STATE	ZIP CODE		

Are you a High School Graduate? _____	Schools attended beginning With last High School	Location (State)	Course or Major Studied	Credits Completed	
	If NO, have you obtained a GED? _____	H.S.			
Are you a College Graduate? _____	Coll.				
What is/are your College Degree(s) _____	Coll.				
<b>Other Training (Special Courses, Work Programs, etc):</b>					
<b>Military Service:</b>					
Veteran? (Yes __)(No __) Dates & Branch:					

### ACQUIRED SKILLS

PLEASE CHECK AREAS IN WHICH YOU HAVE HAD EXPERIENCE OR TRAINING

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> KEYBOARD SPEED _____ WPM | <input type="checkbox"/> PROGRAMING        | <input type="checkbox"/> CUSTODIAL       | <input type="checkbox"/> PLUMBING      |
| <input type="checkbox"/> BOOKEEPING               | <input type="checkbox"/> WORD PROCESSING   | <input type="checkbox"/> BUILDING MAINT. | <input type="checkbox"/> AUTO MECHANIC |
| <input type="checkbox"/> ACCOUNTING               | <input type="checkbox"/> SPREAD SHEET      | <input type="checkbox"/> TRACTORS        | <input type="checkbox"/> CARPENTRY     |
| <input type="checkbox"/> RECEPTIONIST             | <input type="checkbox"/> DATA ENTRY        | <input type="checkbox"/> HEAVY EQUIPMENT | <input type="checkbox"/> ELECTRICAL    |
| <input type="checkbox"/> CUSTOMER SERVICE         | <input type="checkbox"/> DATA BASE MGMT    | <input type="checkbox"/> TRUCK DRIVING   | <input type="checkbox"/> SUPERVISORY   |
|   | <input type="checkbox"/> 10 KEY CALCULATOR | <input type="checkbox"/> HAND TOOLS      | <input type="checkbox"/> HVAC          |

## EMPLOYMENT EXPERIENCE

**IMPORTANT:**

1. LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, **BEGINNING WITH MOST RECENT.**
2. TAKE TIME TO FILL IN THESE BLOCKS CAREFULLY AND COMPLETELY. YOUR QUALIFICATIONS RATING DEPENDS IN A LARGE PART ON YOUR EMPLOYMENT HISTORY.
3. INDICATE IF YOU ARE NOW UNEMPLOYED OR IF YOU HAVE NEVER BEEN EMPLOYED.

MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, AND RECORD OF EMPLOYMENT?  
 (A NO WILL NOT AFFECT YOUR CONSIDERATION FOR EMPLOYMENT.)     YES     NO

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

IF ADDITIONAL EXPERIENCE BLOCKS ARE REQUIRED, PLEASE USE BLANK SHEETS AND ATTACH TO THIS FORM.

ARE YOU BETWEEN AGE 16 AND AGE 18? YES  NO   
 ARE YOU AGE 18 OR MORE? YES  NO   
 ARE YOU A CITIZEN OF THE UNITED STATES? YES  NO   
 IF NO, PLEASE EXPLAIN YOUR WORK STATUS: \_\_\_\_\_  
 \_\_\_\_\_

DRIVERS LICENSE INFORMATION TYPE:  REGULAR  COMMERCIAL (Denote Class A or B) \_\_\_\_\_  OTHER \_\_\_\_\_  
 1. DRIVERS LICENSE NUMBER: \_\_\_\_\_ 2. YEAR OF RENEWAL: \_\_\_\_\_  
 3. STATE OR OTHER LICENSING AUTHORITY: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO   
 (A YES ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM MOST JOBS.)  
 CHARGE: \_\_\_\_\_ DATE OF CONVICTION: \_\_\_\_\_ STATE OF CONVICTION: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF BARTLETT? YES  [ ] YEAR \_\_\_\_\_ DEPT.: \_\_\_\_\_  
 NO  [ ]

WHO REFERRED YOU TO US? NEIGHBOR  RELATIVE  EMPLOYEE  \_\_\_\_\_  
 FRIEND  NEWSPAPER ADV.  OTHER  \_\_\_\_\_  
 Name

List below any relative employed by any department of the City of Bartlett.

NAME	RELATIONSHIP	DEPARTMENT / POSITION HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate any foreign languages you can speak, read and /or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

PERSONAL REFERENCES  
 List three persons, other than relatives, who have knowledge of your character or ability.

FULL NAME	MAILING ADDRESS (include zip code)	YEARS KNOWN	PHONE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTIFY IN CASE OF EMERGENCY**

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

2. ALTERNATE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

**AGREEMENT**

It is understood that applications will be retained for only one year from date of application and after that time, it will be necessary to re-apply for any desired position.

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 cause for cancellation of the application and/or for separation from City services if I have been employed.

I hereby authorize any person or organization whose name I have given as a reference, or by whom I have been previously employed, to furnish the City of Bartlett any information they may have concerning me, and I hereby release all such persons and organizations from any claims for damages.

I hereby authorize investigation of my criminal conviction record.

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

I hereby give permission to the Bartlett Personnel Department or its duly authorized representative to conduct post offer physical and psychological examinations. The results of these shall be a factor in determining my suitability for the position for which I have applied.

I understand that I must successfully pass a drug test before being eligible for employment.

I certify that the information given herein is correct to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of applicant (please sign full name)

**The City of Bartlett will not discriminate against any individual for any reason and will provide services to all citizens in a non-discriminatory fashion. The City promotes a voluntary Affirmative Action Program and is committed to a moral, ethical, and legal responsibility to ensure equitable employment practices irregardless of an individual's race, color, religion, national origin, age, disability, sex or political affiliation. Upon request, we will provide reasonable accommodations to a disabled applicant who may need such to complete the application process.**

**FOR ADMINISTRATIVE USE ONLY**

DATE INTERVIEWED: \_\_\_\_\_ POSITION INTEREST: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_