



## Application for Employment

The Town of Somerville considers applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. The Town of Somerville is an Equal Opportunity Employer and a Drug Free Workplace.

(PLEASE PRINT)

Last Name	First Name	Middle Name
Address	<i>Number</i>	<i>Street</i>
		<i>City</i>
		<i>State</i>
		<i>Zip Code</i>
Telephone Number(s)	Best time to be reached	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever been employed with us before?  Yes  No

Do you have friends or relatives that work here?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment*  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if job requires it?  Yes  No

Have you ever been convicted of a felony?  Yes  No

## EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Military/Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States military.

# EMPLOYMENT EXPERIENCE

Employer	Dates Employed	Work Performed
Address		
Telephone Number(s)		
Job Title		
Supervisor		
Reason for Leaving		

Employer	Dates Employed	Work Performed
Address		
Telephone Number(s)		
Job Title		
Supervisor		
Reason for Leaving		

Employer	Dates Employed	Work Performed
Address		
Telephone Number(s)		
Job Title		
Supervisor		
Reason for Leaving		

Employer	Dates Employed	Work Performed
Address		
Telephone Number(s)		
Job Title		
Supervisor		
Reason for Leaving		

## ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

**Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  Yes  No

## REFERENCES

Name	Address	Phone Number

## APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Town of Somerville, including Human Resources.

Pursuant to the charter of the Town of Somerville, the primary objective of this hiring policy is to insure compliance with the laws and to obtain qualified personnel to serve the citizens of the town. Appointments to positions are based on merit, technical knowledge, and work experience; and, no person shall be employed, promoted, demoted, or discharged, or in any way favored or discriminated against because of race, sex, age, color, religion, creed, ancestry, disability status, or national origin.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, policies and procedures of the Town of Somerville.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# Town of Somerville

13085 North Main, P.O. Box 909, Somerville, TN 38068

(901)465-7305 • (901)465-7320

---

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION APPLICANT BACKGROUND INVESTIGATION

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Town of Somerville, including Human Resources and Police Department.

The intent of this authorization is to give my consent full and complete disclosure of the records of educational institutions, employment and pre-employment records, criminal and/or driving records, complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Town of Somerville. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Applicant Signature (Include Maiden Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (Home & Cell)

\_\_\_\_\_  
Date of Birth Social Security Number

\*\*This information must be notarized before your Application will be accepted. This form must be Signed in front of the notary.\*\*

Updated June 23, 2015