

**CITY OF ORLINDA**

7501 Highway 52

P. O. BOX 95

Orlinda, TN 37141

PHONE(615) 654-3366

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**APPLICATION FOR EMPLOYMENT**

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(PLEASE PRINT) DATE OF APPLICATION \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

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**PERSONAL INFORMATION**

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DATE AVAILABLE FOR WORK \_\_\_\_\_

EMPLOYMENT APPLYING FOR:    ( ) FULL TIME    ( ) PART TIME    ( ) SEASONAL

NAME

DO YOU HAVE ANY OTHER NAME BY WHICH YOU ARE, OR HAVE EVER BEEN KNOWN? IF YES, LIST BELOW:

\_\_\_\_\_

ADDRESS \_\_\_\_\_  
                    NUMBER                      STREET                      CITY                      STATE                      ZIP

TELEPHONE: \_\_\_\_\_ SECOND TELEPHONE \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ARE YOU 18 YEARS OLD OR OLDER? ( ) YES ( ) NO \_\_\_\_\_

HAVE YOU FILED AN APPLICATION HERE BEFORE? ( ) YES ( ) NO

IF YES, GIVE DATE \_\_\_\_\_

HAVE YOU BEEN EMPLOYED HERE BEFORE? ( ) YES ( ) NO

IF YES, GIVE DATE \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE U.S.? ( ) YES ( ) NO

ARE YOU ON A LAYOFF AND SUBJECT TO RECALL? ( ) YES ( ) NO

DO YOU HAVE THE ABILITY TO TRAVEL IF NECESSARY? ( ) YES ( ) NO

HAVE YOU BEEN CONVICTED OF A FELONY, OR OTHER CRIME, IN THE LAST SEVEN (7) YEARS?

( ) YES ( ) NO

IF YES, EXPLAIN \_\_\_\_\_

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE? ( ) YES ( ) NO

IF YES, GIVE BRANCH \_\_\_\_\_

ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS EXPLAINED IN THE JOB DESCRIPTION FOR WHICH YOU ARE APPLYING? ( ) YES ( ) NO

**THE CITY OF ORLINDA IS AN EQUAL OPPORTUNITY EMPLOYER**

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### EMPLOYMENT EXPERIENCE

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START WITH YOUR PRESENT OR LAST JOB, INCLUDE MILITARY SERVICE ASSIGNMENTS THAT ARE JOB RELATED AND VOLUNTEER ACTIVITIES. EXCLUDE ORGANIZATION NAMES WHICH INCLUDE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.

EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_  
DATE EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
ENDING SALARY \_\_\_\_\_  
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_  
MAY WE CONTACT FOR REFERENCE? ( ) YES ( ) NO

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EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_  
DATE EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
ENDING SALARY \_\_\_\_\_  
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES \_\_\_\_\_  
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REASON FOR LEAVING \_\_\_\_\_  
MAY WE CONTACT FOR REFERENCE? ( ) YES ( ) NO

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EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_  
DATE EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
ENDING SALARY \_\_\_\_\_  
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REASON FOR LEAVING \_\_\_\_\_  
MAY WE CONTACT FOR REFERENCE? ( ) YES ( ) NO

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EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ SUPERVISORS NAME \_\_\_\_\_  
DATE EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING SALARY \_\_\_\_\_  
ENDING SALARY \_\_\_\_\_  
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_  
MAY WE CONTACT FOR REFERENCE? ( ) YES ( ) NO

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**EDUCATIONAL BACKGROUND**

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EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE/ BUS/ CORRESPONDENCE				

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**REFERENCES**

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LIST THREE PEOPLE WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR, AND KNOW YOUR QUALIFICATIONS OR YOUR CHARACTER.

NAME	ADDRESS	TELEPHONE #	YEARS KNOWN

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**GENERAL**

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HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A JOB? \_\_\_\_\_

CAN YOU PROVIDE YOUR OWN TRANSPORTATION TO WORK IF HIRED? \_\_\_\_\_

DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR THE CITY? (IF YES, INDICATE THEIR NAME, YOUR RELATIONSHIP, AND IN WHICH DEPARTMENT HE/SHE WORKS). \_\_\_\_\_

SKILLS AND QUALIFICATIONS \_\_\_\_\_

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD.  
(EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN)

LIST ANY OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER

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**AGREEMENT**

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I CERTIFY THAT I PERSONALLY COMPLETED THIS APPLICATION AND THAT ALL ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

I AUTHORIZE THE CITY OF ORLINDA TO DO A COMPLETE BACKGROUND INVESTIGATION IN ACCORDANCE WITH STATE AND FEDERAL LAWS.

I AUTHORIZE MY PREVIOUS EMPLOYERS TO RELEASE ANY INFORMATION REQUESTED BY THE CITY OF ORLINDA AND HOLD THEM HARMLESS OF ALL LIABILITY FROM THE RELEASE OF SAID INFORMATION, INCLUDING ALCOHOL AND CONTROLLED SUBSTANCE TESTING.

I UNDERSTAND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT 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 AND REGULATIONS OF THE CITY OF FRANKLIN.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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**DO NOT WRITE BELOW LINE, OFFICE USE ONLY**

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ARRANGE INTERVIEW ( ) YES ( ) NO

DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER \_\_\_\_\_

EMPLOYED ( ) YES ( ) NO DATE OF EMPLOYMENT \_\_\_\_\_

JOB TITLE \_\_\_\_\_ HOURLY RATE / SALARY \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

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

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