



Town of Nolensville

7218 Nolensville Road
Nolensville, TN 37135
Phone: 615-776-3633
Fax: 615-776-3634

Employment Application

Applicant Information

Position Applied for: _____

Department: _____

Full Name: _____ Are you over 18 years of age? YES NO
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Mobile Phone: () _____ Home Phone: () _____ Other: () _____

E-mail Address: _____ Social Security No: _____

Type of Employment Desired: Full Time Part Time Temporary Seasonal Desired Salary: \$ _____

Date Available for work: _____ Will you work overtime if required? YES NO

Do you have a valid TN driver's license? YES NO DL Number: _____

State Issued: _____ Type/Class (Operator, Commercial, etc.) _____

Are you a citizen of the United States? YES NO If no, are you legally eligible for employment the U.S.? YES NO
(Proof of US citizenship or immigration status will be required upon employment)

Have you ever been convicted of a crime? YES NO If yes, please explain: _____
(Such conviction may be relevant if job related, but may not bar you from employment)

Have you ever used illegal drugs? YES NO If yes, when and what type of drug(s): _____

Have you ever had a court judgment or lien filed against you? YES NO If yes, please explain: _____

Have you ever worked for the Town? YES NO If yes, when? _____

Are you related by blood, adoption or marriage to a current employee or official of the Town of Nolensville? YES NO

If so, to whom? _____ What is your relationship? _____

How did you learn about this employment opportunity? _____

If a current Town employee assisted in recruiting you, what is the name of that employee? _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO LATER

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO LATER

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO LATER

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO LATER

Comments (including any gaps in employment)

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or experiences that may qualify you to work for the Town of Nolensville, such as licenses, certifications, types of heavy equipment operated, types of computer programs operated, etc.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Highest grade completed _____

Degree _____ Do you have a GED? YES NO

College: _____ Address: _____

Number of years completed: _____ Did you graduate? YES NO Degree: _____

Number of hours completed: _____ Major: _____ Minor: _____

Other: _____ Address: _____

Number of years completed: _____ Did you graduate? YES NO Degree: _____

Number of hours completed: _____ Major: _____ Minor: _____

References

Please list three business/work references who are not related to you and are not previous supervisors.

Full Name: _____ Years Known: _____

Company: _____ Phone: () _____

Full Name: _____ Years Known: _____

Company: _____ Phone: () _____

Full Name: _____ Years Known: _____

Company: _____ Phone: () _____

List professional, trade, business, or civic associations and any offices held. *(Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)*

Organization: _____ Office Held: _____

Organization: _____ Office Held: _____

Organization: _____ Office Held: _____

List any personal circumstances *(such as relocation, retirement, school attendance, etc.)* that would assist us in placing you in a position to best accommodate your lifestyle.

List any additional information you would like us to consider:

Law Enforcement Experience

Have you attended a law enforcement training academy? YES NO Did you graduate YES NO

Name of Academy: _____ Dates attended _____

Have you ever been decertified by POST Commission YES NO If yes, please explain: _____

_____ Please attach copies of any certificates of training and/or other qualifications

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

_____ Please attach DD214 Form

Disclaimer and Signature

The Town of Nolensville is an equal opportunity employer and does not discriminate on the basis of sex, race, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits.

The employment application is but one part of the hiring process, which 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 contact the Human Resources Department.

I certify that, to the best of my knowledge and belief, all of the information and statements provided by me in and with this application are true, correct, complete and provided in good faith.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Town of Nolensville the right to investigate all references and to secure additional information about me. I consent to the release of information to the Town of Nolensville about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations. I hereby release from liability the Town of Nolensville and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Town of Nolensville is an Equal Opportunity Employer. The Town of Nolensville does not discriminate in employment and no questions on this application is sued for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Understand that just as I am free to resign at any time, the Town of Nolensville reserves the right to terminate my employment pursuant to the Town's Personnel Rules and Regulations. I understand that no representative of the Town of Nolensville has the authority to make any assurances to the contrary.

Applicant Signature: _____ Date: _____

NOTICE:

Screening tests for alcohol and illegal drug use may be required before hiring, and during your employment.