

# City of Morristown

*Incorporated 1855*



PERSONNEL OFFICE

**Dear Applicant:**

**Thank you for your interest in employment with the City of Morristown. In order for your application to become active, both the Application and Affirmative Action Survey must be filled out completely. This employment application will remain active for a period of 12 months from the date of application. To be considered for employment after that time, a new application is required. If your application is selected for consideration for employment you will be notified and scheduled at that time for an interview.**

**If you applied for the Firefighter or Police Officer's position, you will be notified by mail when the testing phase will begin.**

# City of Morristown Employment Application



**THE CITY OF MORRISTOWN IS AN EQUAL OPPORTUNITY EMPLOYER** and does not discriminate with regard to employment opportunities and benefits on the basis of race, color, religion, sex, age, national origin, physical or mental disability, or status as a disabled or Vietnam era veteran or any other recognized protected group.

**Overview of the hiring and employment process:** This Application is but one part of the hiring and employment process. **All statements on this application will be verified.** Any misrepresentation or omission may be grounds for disqualification for employment consideration or continued employment. If you need an accommodation in order to complete any part of the hiring process, please ask the Human Resource Representative.

Be sure to read the **JOB DESCRIPTION** of the Position for which you are applying prior to completing this Application. As you complete this Application bear in mind the following:

- We reserve the right to verify 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 ask for assistance.

This employment application will remain active for a period of 12 months from the date of application. To be considered for employment after that time, a new application is required.

## GENERAL INFORMATION

(Date)	(Time)	(Position Desired)
Are you applying for : <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Term full time <input type="checkbox"/> Term part time		
If part time, what days/hours are you available: _____		
Have you been employed by the City before: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate position and dates of employment: _____		
Date you can begin work: _____		

## PERSONAL INFORMATION

(Last Name)	(First Name)	(Middle Initial)		
(Social Security Number)	(Home Phone)	(Work Phone)		
(Street Address/Apartment Number)	(City)	(State)	(Zip Code)	(How Long)
Are you legally eligible to work in the U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you at least 18 years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No				
In case of an emergency, contact:				
(Name)	(Address)	(Phone)		
Have you ever been convicted of a felony: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain: _____				
(Driver's License Number)	(State of Issue)			
List any traffic related convictions or at-fault accidents from the preceding three years: _____				
_____				
_____				

## EDUCATION AND TRAINING

	School Name and Address	Years Completed	Certificate (GED)/ Degree Received
High School			
College			
College			
Other			

List other training received (special courses, work training programs, military training): \_\_\_\_\_

List special qualifications (licenses, certificates, job related skills, etc.): \_\_\_\_\_

## MILITARY SERVICE

Do you have prior military service:  Yes  No

(Branch of Service)

(Type of Discharge)

(Branch of Service)

(Type of Discharge)

(Branch of Service)

(Type of Discharge)

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

Are you able to perform the essential functions of the job which you are applying for:  Yes  No (NOTE: You may be asked to demonstrate these essential functions)

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

## WORK PLACE REFERENCES

Organization	Address	Contact	Phone

## PERSONAL REFERENCES

Name	Address	Years Known	Phone

## EMPLOYMENT HISTORY

List employment history beginning with your current/most recent employer. For any unemployed or self-employed periods over three months, show dates and location. Complete this section even if a resumé is presented.

Employer		Dates Employed		Your Title/Job Classification
		From	To	
Address (Street, City, State, Zip)	Telephone			Manager's Name and Title
		Hourly Rate/Salary		
		Start	Final	
Reason for Leaving				
Duties (be specific)				

### Date of Unemployment (if any)

From:	To:
-------	-----

<b>Employer</b>		<b>Dates Employed</b>		<b>Your Title/Job Classification</b>
		From	To	
<b>Address (Street, City, State, Zip)</b>	<b>Telephone</b>			<b>Manager's Name and Title</b>
		<b>Hourly Rate/Salary</b>		
		Start	Final	
<b>Reason for Leaving</b>				
<b>Duties (be specific)</b>				

<b>Date of Unemployment (if any)</b>	
From:	To

<b>Employer</b>		<b>Dates Employed</b>		<b>Your Title/Job Classification</b>
		From	To	
<b>Address (Street, City, State, Zip)</b>	<b>Telephone</b>			<b>Manager's Name and Title</b>
		<b>Hourly Rate/Salary</b>		
		Start	Final	
<b>Reason for Leaving</b>				
<b>Duties (be specific)</b>				

<b>Date of Unemployment (if any)</b>	
From:	To

<b>Employer</b>		<b>Dates Employed</b>		<b>Your Title/Job Classification</b>
		From	To	
<b>Address (Street, City, State, Zip)</b>	<b>Telephone</b>			<b>Manager's Name and Title</b>
		<b>Hourly Rate/Salary</b>		
		Start	Final	
<b>Reason for Leaving</b>				
<b>Duties (be specific)</b>				

<b>Date of Unemployment (if any)</b>	
From:	To

<b>Employer</b>		<b>Dates Employed</b>		<b>Your Title/Job Classification</b>
		From	To	
<b>Address (Street, City, State, Zip)</b>	<b>Telephone</b>			<b>Manager's Name and Title</b>
		<b>Hourly Rate/Salary</b>		
		Start	Final	
<b>Reason for Leaving</b>				
<b>Duties (be specific)</b>				

<b>Date of Unemployment (if any)</b>	
From:	To

# APPLICANT'S STATEMENT

Important - Please Read Before Signing

By my signature placed below, I certify that the information provided in this employment application and accompanying resumé (if any) is true and complete and I understand that any misrepresentation or omission may be grounds for disqualification for employment consideration or continued employment.

I authorize the investigation of all statements contained in this application (and accompanying resumé, if any). I also authorize the City to contact my present employer (unless otherwise noted on this form), past employers, and references. I understand that the City may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and I have specifically authorized such investigation in conjunction with this application for employment.

I authorize any person, school, current employer, past employer, and organization named in this job application (and accompanying resumé, if any) to provide the City with relevant information and opinion that may be useful to the City in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I hereby consent to a complete physical examination, including x-rays after an offer of employment has been made. I hereby agree to a drug screening examination prior to or after an offer of employment. I understand that said offer is contingent upon the satisfactory results of any physical examination or drug screening. Further, I consent to the release to the City of any and all medical information as may be deemed necessary by the City.

I understand and agree that, if hired, my employment is for no definite period of time, and may regardless of the date of payment or stated terms of my wages or salary, be terminated at any time unless restricted by ordinance or otherwise. I understand and agree that my employment relationship with the City, if hired, is an employment-at-will relationship and may be terminated by either me or the City at any time with or without cause, unless restricted by ordinance or otherwise.

I understand that no person is authorized to change the terms mentioned in this employment application and I understand that this employment application is not, and is not intended to be, a contract of employment.

\_\_\_\_\_  
(Applicant Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Human Resources) \_\_\_\_\_ (Date)

## AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I understand that the City, or an agent of its choice may conduct a thorough background investigation before rendering a final decision regarding my eligibility for employment. This investigation may include inquiries as to my abilities, character, reputation, and physical fitness, to fulfill the essential functions of the position for which I am applying.

To facilitate this investigation, I do hereby give my consent and authority for any educational institution, hospital, medical doctor, police agency or credit reporting agency to furnish information from their records to the City, or an agent of its choice.

With regard to any credit reporting agency which might be contacted by the City, or any agent of its choice: I understand that I may inquire as to the identification of those credit reporting agencies contacted and the City will advise me as to their identity and the nature and scope of the information they furnished, upon receipt of my written request for such.

\_\_\_\_\_  
(Applicant Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Human Resources) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Full Name of Applicant)

\_\_\_\_\_  
(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

\_\_\_\_\_  
(Telephone) \_\_\_\_\_ (Social Security Number)

### STOP - READ CAREFULLY

If you are **NOT APPLYING** for a Civil Service position, you have now completed this application.  
If you **ARE APPLYING** for a Civil Service position, continue completing this application.

I HEREBY MAKE APPLICATION to take an examination, which if satisfactory, will place me on the eligibility list of the Civil Service Board for the position of either Fire Fighter or Police Officer.

Applicant must be:

- A minimum age of 21 years.
- Of good physical and mental health.
- Able to perform the essential functions of the job.
- Able to satisfy psychological fitness for law enforcement work as determined by a psychological examination.
- Able to meet the Fire Fighter professional qualifications as established by the National Fire Protection Association.

\_\_\_\_\_  
(Date of Birth) \_\_\_\_\_ (Age)

Are you a U.S. Citizen:  Yes  No

Can you read and write in the English Language?  Yes  No

Do you currently have fingerprint information on file at the Tennessee Bureau of Investigation:  Yes  No

Have you ever been convicted of a felony or misdemeanor (other than minor traffic offenses):  Yes  No

If yes, explain: \_\_\_\_\_

**A FELONY OR MISDEMEANOR INVOLVING MORAL TURPITUDE PRECLUDES ANY POSSIBILITY OF EMPLOYMENT IN CIVIL SERVICE.**

# City of Morristown Affirmative Action Survey



Important - All Applicants/Employees Read: To enable the City to meet government reporting regulations, applicants/employees are requested (but not required) to complete this personal data sheet. Information will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Position Applying for \_\_\_\_\_

Referral Source: Advertisement  Recruiter   
Walk-in  Other   
Friend/Family

## ETHNIC CATEGORY (Check One)

\_\_\_\_\_ **White.** (not of Hispanic origin). All persons having origins in any of the people of Europe, North Africa, the Middle East.

\_\_\_\_\_ **American Indian or Alaskan Native.** All persons having origins in any of the original peoples of North America.

\_\_\_\_\_ **Asian, Pacific Islander, or Native Hawaiian.** All person having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim and Sri Lanka.

\_\_\_\_\_ **Black or African American.** (not of hispanic origin). All persons having origins in any of the Black racial groups.

\_\_\_\_\_ **Hispanic or Latino.** All persons of Mexico, Puerto Rico, Cuban, Central or South America or other Spanish culture.

# AUTHORIZATION FOR CRIMINAL HISTORY INQUIRY

I, the undersigned applicant do authorize the Morristown Police Department, by and through its agents and representatives and employees, to make inquiry, whether verbal or electronic, of any and all law enforcement agencies or clerks of courts, whether state, federal or local, concerning my criminal history of any convictions that I have had for any misdemeanor or felony.

I, the undersigned, also authorize the Morristown Police Department, by and through its agents and representatives and employees, to make inquiry into my personal background, to include employers, acquaintances, neighbors, etc.

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_