

CITY OF LAFOLLETTE
207 SOUTH TENNESSEE AVENE
LAFOLLETTE, TN 37766
PHONE: 423-562-8331

**THE FOLLOWING DOCUMENTATION MUST BE ATTACHED WITH THIS
APPLICATION FOR CONSIDERATION OF EMPLOYMENT WITH THE
CITY OF LAFOLLETTE POLICE DEPARTMENT**

- | | | |
|--------------------------------------------------------------------|-----------|----------|
| • DETAILED RESUME | _____ YES | _____ NO |
| • COPY OF HIGH SCHOOL DIPLOMA OR G.E.D. | | |
| • COPY OF CERTIFICATE FROM STATE CERTIFIED POLICE TRAINING ACADEMY | _____ YES | _____ NO |
| • COPY OF ANY JOB RELATED CERTIFICATE OR COLLEGE DIPLOMA | _____ YES | _____ NO |
| • COPY OF BIRTH CERTIFICATE | _____ YES | _____ NO |
| • COPY OF DRIVERS LICENSE | _____ YES | _____ NO |
| • CURRENT PHYSICAL CONFIRMATION BY A MEDICAL DOCTOR | _____ YES | _____ NO |
| • CURRENT PSYCHOLOGICAL EXAMINATION CONFIRMATION | _____ YES | _____ NO |

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION OR EXPLAIN HERE WHY YOU DO NOT HAVE THIS DOCUMENTATION.

EMPLOYMENT APPLICATION



City of LaFollette

207 South Tennessee Avenue

LaFollette, TN 37766

(423) 562-4961

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____

Type of employment desired: _____ Full-Time _____ Part-Time _____ Temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirement? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you been convicted of a crime in the past 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

Driver's license number (if driving is an essential job duty): # _____ State _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer: _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate Supervisor and Title: _____

Dates Employed: From: _____ To: _____ Salary: _____

Job Summary: _____

Reason or Leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate Supervisor and Title: _____

Dates Employed: From: _____ To: _____ Salary: _____

Job Summary: _____

Reason or Leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate Supervisor and Title: _____

Dates Employed: From: _____ To: _____ Salary: _____

Job Summary: _____

Reason or Leaving: _____

Other skills and qualifications

Summarize any job-related training, skills, license, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High School: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers)

- _____
- _____
- _____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ **Date:** _____