



## City of Brownsville Application for Employment

Void after 90 days

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.*

**PLEASE PRINT**

|                             |  |                                |
|-----------------------------|--|--------------------------------|
| <b>Last Name:</b>           | <b>First Name:</b>   | <b>Middle Name:</b>            |
| <b>Address:</b>             | <b>City/State/Zip:</b>                                       | <b>Cell Phone Number:</b>      |
| <b>Home Phone Number:</b>   | <b>Driver's License Number:<br/>(driving positions only)</b> | <b>Social Security Number:</b> |
| <b>Date of Application:</b> | <b>Position Desired:</b>                                     | <b>Department:</b>             |

Are you applying for:     Full Time     Part time     Temporary

If part-time, what days/hours are you available? \_\_\_\_\_

Have you ever been employed by the City?     Yes     No

If yes, please indicate position, department, and dates of employment: \_\_\_\_\_

**Based on the JOB DESCRIPTION of the position for which you are applying:** Are you able to perform the essential functions of the job for which you are applying? (Note: You may later be asked to demonstrate your ability to perform the essential functions)     Yes     No

Do you have a legal right to work in the United States?     Yes     No

Have you ever been convicted of a felony? (Note: This may be relevant if job related, but does not bar you from employment)     Yes     No

If YES, please explain: \_\_\_\_\_



**WORK EXPERIENCE**

List below all present and past employment information and volunteer work. Beginning with the most recent employment.

\_\_\_\_\_ **Currently Unemployed**

\_\_\_\_\_ **Never Been Employed**

|  |                                 |   |
|--|---------------------------------|---|
| <b>Employer:</b>   | <b>Address:</b>                 | <b>City/State/Zip</b>                   |
| <b>Title of Position:</b>                                      | <b>Start Date:</b>              | <b>Reason for Leaving:</b>              |
|  | <b>End Date:</b>                |   |
| <b>Salary History:</b><br>Starting \$ _____<br>Ending \$ _____ | <b>Duties/Responsibilities:</b> | <b>Supervisor:</b><br><br><b>Phone:</b> |

|  |                                 |   |
|--|---------------------------------|---|
| <b>Employer:</b>   | <b>Address:</b>                 | <b>City/State/Zip</b>                   |
| <b>Title of Position:</b>                                      | <b>Start Date:</b>              | <b>Reason for Leaving:</b>              |
|  | <b>End Date:</b>                |   |
| <b>Salary History:</b><br>Starting \$ _____<br>Ending \$ _____ | <b>Duties/Responsibilities:</b> | <b>Supervisor:</b><br><br><b>Phone:</b> |

|  |                                 |   |
|--|---------------------------------|---|
| <b>Employer:</b>   | <b>Address:</b>                 | <b>City/State/Zip</b>                   |
| <b>Title of Position:</b>                                      | <b>Start Date:</b>              | <b>Reason for Leaving:</b>              |
|  | <b>End Date:</b>                |   |
| <b>Salary History:</b><br>Starting \$ _____<br>Ending \$ _____ | <b>Duties/Responsibilities:</b> | <b>Supervisor:</b><br><br><b>Phone:</b> |

\*\*\*\*\***IMPORTANT**\*\*\*\*\*

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I accept full responsibility for notifying the City of Brownsville, TN of any change in information in my application including, but not limited to, telephone number where I can be contacted.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any information orally and/or in writing that may be requested to arrive at an employment decision and waive any right of privilege, privacy, and/or confidentiality I may have in this information.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby acknowledge that any employment relationship with the City of Brownsville, TN or related agencies is completely of a "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood this "at will" employment relationship may be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the City of Brownsville, TN.

I understand, also, that I am required to abide by all rules and regulations given by my employer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTIFY IN CASE OF EMERGENCY**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

