



Town of Arlington

PO Box 507
Arlington, TN 38002
Phone: (901)-867-2620 Fax:(901)-867-2638

Employment Application

Applicant Information

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you able to perform the essential functions of the job description for which you have applied? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Certifications: _____ Trades, skills, or training: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

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

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

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

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

In addition, I authorize the Town of Arlington to perform a background check that may consist of any or all of the following: county criminal background search, criminal database search, motor vehicle reports, and a credit report.

Signature: _____ Date: _____

The Town of Arlington is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits.