



10001 Highway 70 | Lakeland, TN 38002
901.867.2717

APPLICATION FOR EMPLOYMENT

The City of Lakeland is an equal opportunity employer and administers decisions related to employment without regard to race, color, creed, national origin, religion, age, sex, disability, veteran's status, genetic information, or any other basis prohibited by federal, state, and/or local laws.

Complete the application in its entirety. There should be requested information in all blanks rather than comments that only refer to attached materials, such as "see resume." Print all responses and sign the application upon completion.

PERSONAL DATA

Applicant's name (first, middle, last): _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Telephone Number(s) (include area code): _____

Are you legally authorized to work in the United States? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, explain and include date(s):

(A conviction will not automatically disqualify an applicant from employment.)

Application for (position): _____ Date available to begin employment: _____

EMPLOYMENT HISTORY

My present employer _____ may be contacted _____ may not be contacted.

Provide all employment information starting with the most recent position.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Brief description of your work and responsibilities: _____

Reason for leaving: _____

Employer: _____ Position held: _____
 Address: _____ Telephone #: _____
 Immediate supervisor and title: _____
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 Address: _____ Telephone #: _____
 Immediate supervisor and title: _____
 Dates employed: from _____ to _____ Salary: _____
 Brief description of your work and responsibilities: _____

 Reason for leaving: _____

EDUCATIONAL HISTORY

High School: _____ City _____ State _____
 Address: _____ Graduate: Yes _____ No _____
 If no, do you have a General Educational Development (G.E.D.)? Yes _____ No _____

College: _____ City _____ State _____ Graduate: Yes _____ No _____
 Major: _____ Degree Received: _____ Address: _____

Graduate School: _____ City _____ State _____ Graduate: Yes _____ No _____
 Major: _____ Degree Received: _____ Address _____

Technical school: _____ City _____ State _____ Graduate: Yes _____ No _____
 Major/Area of Specialty: _____ Address: _____

OTHER SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, certifications, and/or other qualifications related to the job for which you are applying: _____

REFERENCES (OTHER THAN RELATIVES)

List names, addresses, and telephone numbers of three (3) references and specify relationship.

- 1. _____

- 2. _____

- 3. _____

Note: Attach an additional sheet if necessary to fully complete any of the information requested above. Print your name at the top of the sheet, date, and sign.

I fully understand that in signing this application for employment, 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/or 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 such information.

I agree for the City of Lakeland to review my background and to obtain a consumer report and/or investigative consumer report under the provisions of the Fair Credit Reporting Act (FCRA).

I understand that the City of Lakeland has adopted a Smoke-Free Workplace Policy in accordance with state law (Public Chapter 410, Non-Smoker Protection Act) and a Drug-Free Workplace and agree to abide by applicable policies and requirements if employed.

I understand that any falsified information and/or misrepresentation or omission of material facts, even if unintentional and/or inadvertent, may result in refusal of employment or, if employed, termination of employment, whenever it may be discovered.

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

If I am employed, I will provide documents verifying my employment eligibility, as required by the Immigration Reform and Control Act (IRCA).

I understand that a medical examination may be required for employment.

I certify that the information provided on this application is true and correct. I agree to provide background releases and any documents verifying information included in this application, as required. I have read and I understand the contents of this application, and I seek employment based on that understanding.

Applicant's Signature: _____ **Date:** _____