

# Town of Cumberland Gap

AN EQUAL OPPORTUNITY EMPLOYER

## **NOTICE TO APPLICANTS**

We are proud to be a drug free workplace. Screening tests for illegal drugs use may be required before hiring and during employment. This document is a public record and open to inspection by any citizen of the State of Tennessee pursuant to TCA Section 10-7-503.

### **Cumberland Gap Town Hall**

P.O Box 78, 330 Colwyn Street  
Cumberland Gap, TN 37724  
(423) 869-3860

**Minimum of a high school diploma or equivalent required. Valid driver's license required. Positive identification will be required. Attach a detailed resume to this application.**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Application \_\_\_\_\_

**Applications are available only for open positions for which public notice has been made. Please indicate the specific advertised position you are applying for in the space provided.**

\_\_\_\_\_

### **How did you hear about this position?**

\_\_\_\_\_ Local newspaper    \_\_\_\_\_ Town website    \_\_\_\_\_ Referred by: \_\_\_\_\_  
\_\_\_\_\_ Online: \_\_\_\_\_

### **AUTHORIZATIONS**

I authorize investigation of all statements contained in this application, and it is understood and agreed that any misrepresentation by me in this application will be sufficient for cancellation of the application and/or for separation from town service if I have been employed.

I hereby authorize any person or organization whose name I have given as reference, or by whom I have been previously employed, to furnish the Town of Cumberland Gap any information they may have concerning me, and I hereby release all such persons and organizations from any claims for damages. I understand that a background check may include social networking and on-line searches.

I hereby authorize investigation of my criminal record.

I agree, if employed, to abide by all the rules, regulations and ordinances in the Town of Cumberland Gap.

I understand that the completion of this Application of Employment does not constitute an offer of employment.

I further understand that if I am employed by the Town of Cumberland Gap this Application for Employment will not constitute a contract of employment.

I understand that, if the position for which I may be hired involves driving town vehicles, proof of a valid driver's license is required at initial employment and that the town also requires me to notify within seventy-two (72) hours if there is a change of status of my driver's license.

I certify that the information I have given is true and correct to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REFERENCES**

Please list persons, other than relatives or personal friends, who have knowledge of your character and/or abilities.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL**

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_ No \_\_\_

Federal and applicable state laws prohibit discrimination on the basis of age.

Are you legally eligible for employment in the United States? Yes \_\_\_ No \_\_\_

What date can you begin work? \_\_\_\_\_

Have you ever applied for employment with the Town of Cumberland Gap before: Yes \_\_\_ No \_\_\_

If yes; when, what job:

\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_ No \_\_\_

If yes, explain fully:

\_\_\_\_\_

Answering yes to this question does not automatically disqualify you from consideration for employment.

Do you hold a valid Tennessee Driver's License? Yes \_\_\_ No \_\_\_ License No. \_\_\_\_\_

State Issued \_\_\_\_\_

### **EDUCATION - TRAINING**

**High School Name and Location of School** \_\_\_\_\_

Course of Study \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Did you Graduate? Yes \_\_\_ No \_\_\_ Degree or Diploma \_\_\_\_\_

**Business/Trade Technical Name and Location of School** \_\_\_\_\_

Course of Study \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Did you Graduate? Yes \_\_\_ No \_\_\_ Degree or Diploma \_\_\_\_\_

**College Name and Location of School** \_\_\_\_\_

Course of Study \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Did you Graduate? Yes \_\_\_ No \_\_\_ Degree or Diploma \_\_\_\_\_

**Graduate School Name and Location of School** \_\_\_\_\_

Course of Study \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Did you Graduate? Yes \_\_\_ No \_\_\_ Degree or Diploma \_\_\_\_\_

If you did not complete high school, do you have a G.E.D.? Yes \_\_\_ No \_\_\_

### **EMPLOYMENT**

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

**Present Company Name** \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

Employed - (State month and year) From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Salary Start \_\_\_\_\_ Last \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Company Name** \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employed - (State month and year) From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Salary Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Previous Company** \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employed - (State month and year) From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Salary Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Previous Company Name** \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employed - (State month and year) From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Salary Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title and Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**We may contact the employers listed above unless you indicate those you do not want us to contact.**  
DO NOT CONTACT Employer \_\_\_\_\_ Number(s) \_\_\_\_\_  
Reason \_\_\_\_\_

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Reason \_\_\_\_\_

**MILITARY**

Did you serve in the U.S. Armed Forces? Yes \_\_\_ No \_\_\_ If yes, what branch? \_\_\_\_\_  
Describe any training received relevant to the position for which you are applying:  
\_\_\_\_\_