

City of Algood

APPLICATION FOR EMPLOYMENT



Personal Information

Name (Last Name First)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No. ()	Referred by		

General Information

Position Applying For	Do you have legal right to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain	Driver's License No. (if required for job)
Ever been employed by the City of Algood before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When? Position:	Do you Have CDL License? <input type="checkbox"/> Yes <input type="checkbox"/> No
When can you begin work?		

Education and Training

Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

Subjects of Special Study/Research - Work or Special Training/Skills	
U.S. Military or Navel Service	Rank

Prior Employment (List below Last Four Employers, Starting with Last one First)

Date and Year	Month	Name & Address of Employer	Salary	Position	Reason for Leaving
From					
To					
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
From					
To					
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
From					
To					
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
From					
To					
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

References (Give below the name of three persons not related to you)

Name	Address	Phone	Years known

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 waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by reference or others whom I have indicated may be contacted.

Applicant Signature

Date

Pre-Employment Drug Test Consent and Release Form

I hereby consent to a urinalysis and/or other tests as shall be determined by the City of Algood in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that any medical professional or certified technicians provided by the City of Algood may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the City of Algood.

I understand that the current illegal use of drugs and/or abuse of alcohol will prohibit me from being employed at the City of Algood.

I further agree to hold harmless the City of Algood and its agents (including the physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the City of Algoods consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Name (Printed) _____

Social Security Number: _____ Date of Birth: ____/____/____

Signature of Applicant

Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize City of Algood and/or its agents to make an independent investigation of my background, references, past employment, education, medical, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with City of Algood.

I release City of Algood and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. City of Algood abides by all applicable state and federal employment laws.

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth*: ____/____/____

Present Address _____

City _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18:

Driver's License Number: _____ State of License: _____

Signature of Applicant / Date



CITY OF ALGOOD
 POLICE DEPARTMENT
 P.O. Box 49215, 215 West Main Street
 Algood, TN 38506
 Phone: (931)537-6830 ♦ Fax: (931)537-9429

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized representative of the City of Algood, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, records of commercial or retail credit agencies; and other financial statements and records wherever filed; medical and psychiatric treatment; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and records of lawsuits, criminal or civil, in which I presently have, or have had, an interest.

I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving the information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Algood, Tennessee from any and all liability which may be incurred as a result of collecting such information.

I hereby give this Authorization freely, voluntarily, and without threats or promises of any kind. I have read and fully understand the contents of this Authorization of Release Form.

 Print Full Name of Applicant
 (Include maiden name, if applicant)

Address: _____

 Signature

 Phone Number

 Witness

 Date of Birth

 Date

 Social Security Number

State of Tennessee County of _____

On this ___ day of _____, 20___, before me personally appeared _____, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person's (or persons') free act and deed.

Notary Signature: _____

My commission expires: _____

(Seal)