



# APPLICATION FOR EMPLOYMENT

## CITY OF COLUMBIA

Personnel Department, 707 North Main Street

Columbia, Tennessee 38401

(931) 560-1570

An Equal Opportunity Employer

www.columbiatn.com



Thank you for your interest in employment with the City of Columbia. We offer equal employment opportunities to all persons without regard to race, color, creed, religion, age, gender, nationality, disability, or political affiliation or opinion. All statements made by applicants for employment on this application form will be carefully checked for accuracy. Please complete the application form in full. You may choose to submit your resume and/or any other pertinent documentation in addition to the completed application. Applications and attachments are considered public record.

All offers of employment extended by the City of Columbia are conditioned upon acceptable results from a post-offer medical examination and drug testing. Please be aware that all current employees of the City of Columbia are subject to periodic medical examinations and drug and alcohol testing for cause, and certain employees are subject to random drug and alcohol testing.

Date of Application _____	Department and position for which you are applying _____	Full-Time [ <input type="checkbox"/> ] Part-Time [ <input type="checkbox"/> ] Temporary [ <input type="checkbox"/> ] Seasonal [ <input type="checkbox"/> ]
---------------------------	--	---

Date available to begin employment with the City: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last First Middle

Previous or alternate name(s) if any: \_\_\_\_\_

Home Address \_\_\_\_\_

Street Address City State Zip

Note: Correspondence regarding your application will be mailed to the address shown above unless you notify the City's Personnel Department of any changes to your home address.

Telephone number(s) where you can be reached: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-mail address: \_\_\_\_\_

If a driver's license is required for the position for which you are applying, do you have a Valid Driver's License?

Yes [  ] No [  ] What State? \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License #: \_\_\_\_\_ Class: \_\_\_\_\_

Is your driver's license a CDL? Yes [  ] No [  ] Class: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_

If you are less than eighteen years of age, please check here [  ] and note that all offers of employment extended by the City of Columbia to applicants who are less than eighteen years of age are conditioned upon the applicant providing the City with a copy of his/her birth certificate. No applicant shall be appointed to the sworn personnel of the police department who is less than 21 years of age and no applicant shall be appointed to the suppression personnel of the fire department who is less than 18 years of age.

Have you previously been employed by the City of Columbia? Yes [  ] No [  ] If yes, please indicate which department and the dates of employment: \_\_\_\_\_

Are you related by blood, marriage, or adoption to any current official or employee of the City of Columbia? Yes [  ] No [  ] If Yes, give name, relationship and position with City: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Have you been convicted of a felony in the past seven (7) years? Yes [  ] No [  ] If Yes, please explain: (Conviction will not necessarily disqualify applicant from employment.) \_\_\_\_\_

Have you, within the last two (2) years, been employed by a DOT-regulated employer? If so, then please obtain from the personnel department and complete Section 1 thereof a form by which the City may obtain information regarding previous employer alcohol and drug test information.

Are you legally eligible to work in this country? Yes [ ] No [ ] (Proof of citizenship or immigration status will be required upon employment.)

If you are a Veteran of U.S. Military Service, give Branch and summarize job-related training: (Note: You must attach discharge papers to receive additional credit for military service) \_\_\_\_\_

Based on the JOB DESCRIPTION of the position for which you are applying and if you have not seen the job description, please review in the Personnel Office: Are you able to perform the essential functions of the job for which you've applied? (Note: you may later be asked to demonstrate your ability to perform the essential functions) Yes [ ] No [ ]

Please describe any accommodations you will need in order to adequately perform the essential functions of the position: \_\_\_\_\_

<b>EDUCATIONAL HISTORY</b>	[ Circle the last ]	Did you
	[ year completed ]	Graduate?
High School (include city and state)	[ 9 10 11 12 ]	Yes [ ]
	[ GED ]	No [ ]
Business/Vocational (include city and state)	[ 1 2 3 4 ]	Yes [ ]
	[ ]	No [ ]
College/University (include city and state) Degree Received	[ 1 2 3 4 ]	Yes [ ]
	[ ]	No [ ]

Major Course (s) of Study: \_\_\_\_\_

Additional Education: \_\_\_\_\_

Offers of employment extended by the City of Columbia may be conditioned upon the applicant providing the City with documentation verifying some or all of the applicant's various levels of education.

**EMPLOYMENT HISTORY: (Begin with most recent or current Employer.)**

1. Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Explain your Duties: \_\_\_\_\_

May we contact for reference? Yes [ ] No [ ]

Reason for Leaving or wanting to leave: \_\_\_\_\_

2. Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Explain your Duties: \_\_\_\_\_

May we contact for reference? Yes [ ] No [ ]

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



**APPLICANT'S AGREEMENT AND CERTIFICATION**

*I certify that the information given by me in this application is true in every way and that I agree that if I am employed and if the information is found to be false in any way, I may be subject to dismissal without notice.*

*I acknowledge that any offer of employment I may receive from the City shall be conditioned upon my undergoing a post-offer/pre-employment drug test what produces a verified negative drug screen result before commencing employment with the City.*

*I authorize the City of Columbia to verify my statements by checking references. I further authorize the past employers, supervisors, references, and other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I release all persons from any liability or damages due to the furnishing of such information.*

*I agree, if employed, to abide by all current personnel policies and procedures. I understand that if I am employed by the City of Columbia, that I will be furnished access to those personnel policies and procedures and I agree to read or seek help in understanding them. I understand there is no residency requirement to maintain employment except for sworn personnel of the City of Columbia Police Department for whom residency within twelve months of appointment, must be within an hours driving time of the City's police headquarters.*

*I agree to comply with the City of Columbia's Equal Opportunity practices including adherence to its Title VI Policy as outlined in the Personnel Policies and Procedures Manual.*

*I further agree that, if I am employed by the City of Columbia, I will work faithfully and diligently, will report to work promptly as scheduled, and will not be absent for any reason without prior notice to my Department Head or his/her designee.*

*I understand that, just as I am free to terminate my employment with the City of Columbia at any time, the City of Columbia may also terminate my employment pursuant to the City's then-current personnel policies. I understand that no official or employee of the City of Columbia has the authority to make any assurances to the contrary.*

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

**PLEASE NOTE: THE CITY OF COLUMBIA MAY REFUSE TO ACCEPT ANY EMPLOYMENT APPLICATION NOT COMPLETED IN FULL AND SIGNED.**