



160 Main Street  
 P.O. Box 640  
 Copperhill, TN 37317  
 Phone: (423) 496-5141  
 www.copperhill.gov

# CITY OF COPPERHILL

## APPLICATION FOR EMPLOYMENT

*Please complete all sections of this application and print all information clearly in dark ink.*

PERSONAL INFORMATION											
		<i>Today's Date</i>									
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>									
<i>Street Address</i>											
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>How long have you been living at this address?</i>								
<i>Phone Number</i>	<i>Email Address</i>										
<i>Position you are applying for</i>	<i>Desired Salary</i>	<i>Are you 18 or older?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No									
<i>Employment Preference</i> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either	<i>Date Available to Start</i>	<i>Weekly Hours &amp; Shift Availability</i> Hours per week available: _____ Available nights? <input type="checkbox"/> Yes <input type="checkbox"/> No Available weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<i>Days/Hours Available to Work</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Everyday _____</td> <td style="width: 50%;"><input type="checkbox"/> Wednesday _____</td> </tr> <tr> <td><input type="checkbox"/> Sunday _____</td> <td><input type="checkbox"/> Thursday _____</td> </tr> <tr> <td><input type="checkbox"/> Monday _____</td> <td><input type="checkbox"/> Friday _____</td> </tr> <tr> <td><input type="checkbox"/> Tuesday _____</td> <td><input type="checkbox"/> Saturday _____</td> </tr> </table>				<input type="checkbox"/> Everyday _____	<input type="checkbox"/> Wednesday _____	<input type="checkbox"/> Sunday _____	<input type="checkbox"/> Thursday _____	<input type="checkbox"/> Monday _____	<input type="checkbox"/> Friday _____	<input type="checkbox"/> Tuesday _____	<input type="checkbox"/> Saturday _____
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<input type="checkbox"/> Monday _____	<input type="checkbox"/> Friday _____										
<input type="checkbox"/> Tuesday _____	<input type="checkbox"/> Saturday _____										



## EDUCATION

Name of School	Location (City, State)	Years Completed / Degree

## CRIMINAL BACKGROUND

<p>Have you ever been convicted of a crime?</p> <p><input type="checkbox"/> No   <input type="checkbox"/> Yes</p>	<p>If yes, describe (offense, date, sentence, rehabilitation)</p>
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## DRIVER'S LICENSE

<p>Do you have a valid driver's license?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>How will you be getting to work?</p>	
<p>License Number</p>	<p>State of Issue</p>	<p>Expiration Date</p>
<p>License Type</p> <p><input type="checkbox"/> Standard / Class D   <input type="checkbox"/> CDL (Commercial)   <input type="checkbox"/> Chauffeur   <input type="checkbox"/> Other: _____</p>		
<p>Have you had any accidents in the past 5 years?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   How many? _____</p>	<p>Have you had any moving violations in the past 5 years?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   How many? _____</p>	

## MILITARY SERVICE

<p>Have you served in the military?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>Do you currently serve in the National Guard?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p>Specialty / Branch</p>	<p>Date of Enlistment</p>	<p>Service End Date</p>

## WORK EXPERIENCE

List your work experience for the **past five years**, beginning with your most recent position. If self-employed, include the name of your business. Attach additional pages if necessary.

Employer 1			
Employer Name	Supervisor Name	Start Date	End Date
Address	City / State / Zip	Phone Number	
Job Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving (be specific)			
Duties, Skills, Promotions & Accomplishments			

Employer 2			
Employer Name	Supervisor Name	Start Date	End Date
Address	City / State / Zip	Phone Number	
Job Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving (be specific)			
Duties, Skills, Promotions & Accomplishments			

<b>Employer 3</b>			
<i>Employer Name</i>	<i>Supervisor Name</i>	<i>Start Date</i>	<i>End Date</i>
<i>Address</i>	<i>City / State / Zip</i>	<i>Phone Number</i>	
<i>Job Title</i>		<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Reason for Leaving (be specific)</i>			
<i>Duties, Skills, Promotions &amp; Accomplishments</i>			

<b>Employer 4</b>			
<i>Employer Name</i>	<i>Supervisor Name</i>	<i>Start Date</i>	<i>End Date</i>
<i>Address</i>	<i>City / State / Zip</i>	<i>Phone Number</i>	
<i>Job Title</i>		<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Reason for Leaving (be specific)</i>			
<i>Duties, Skills, Promotions &amp; Accomplishments</i>			

**REFERENCES — Please list two references other than relatives or previous employers.**

Reference 1	Reference 2
Name	Name
Title/Position	Title/Position
Company	Company
Address	Address
Telephone	Telephone

**APPLICATION DISCLOSURE**

<p>Did you complete this application yourself?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>If not, who completed this application for you?</p>
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*I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts may result in disqualification from consideration or dismissal if employed. I authorize the City of Copperhill to investigate all references and statements contained in this application. I also understand that, as a condition of employment, I will be required to undergo pre-employment drug testing and background check in accordance with applicable policies and procedures. I further understand that, as a condition of employment for positions requiring the operation of city vehicles, I must maintain an insurable driving record and meet the insurability requirements of the city's vehicle insurance policy. Any driving history that renders me uninsurable under the city's policy may disqualify me from employment or result in dismissal.*

Signature

Date

*The City of Copperhill is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, military status, genetic information, or any other protected class. All candidates must pass a drug test and background check to be considered for employment. Upon hiring, all employees must provide suitable documentation to verify identity and employability, regardless of national origin, ancestry, or citizenship.*

