## **Application for Employment**

The **City of Milan** is an equal opportunity employer and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits.

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please call the following number: 731-686-3301.

Prior to completing this application, be sure to read the job description of the position for which you are applying. As you complete this application, please bear in mind the following:

- 1. We reserve the right to check all information for accuracy and completeness.
- 2. All applications for employment are a matter of public record.
- 3. If you need accommodation in order to complete this application, please notify the city.

#### **General Information**

Date:	Position Des	ired:	
Are you applying for:	full-time	part-time	seasonal
If part-time, what days/hou	ırs are you available?		
Have you applied with the	city before? (circle)	yes no	
Have you been employed	by the city before? (ci	rcle) yes	no
	Personal l	nformation	
Your Name:			
Last	t Fir	st	Middle
Social Security Number: _			
Phone Number: Home: (_	)	Business: (_	)
Address:			
		eet	
City	y Sta	ite	Zip Code
Do you have the legal righ	t to work in the U.S.?	: (circle) yes	no
Are you over the age of 18	3?: (circle) yes no		
Have you ever been convi- bar you from employment		e: this may be rel	evant if job-related, but does not

# **Your Education and Training**

High School attended:			
	City	State	
Do you have a high school of	diploma? (circle)	yes no	
Please list other education y	ou have received:		
College/University/Trade or Business Schools Attended	City/State	Degree Earned? Type Degree	Major Area of Study
List other training received	(special courses, we	ork training programs, arr	ned forces training, etc.):
List special qualifications ar etc.):			inventions, publications,
Based on the job description	for which you are	applying:	
Are you able to perform you may later be asked to do		unctions of the job for whi ility to perform the essent	• 11
essential functions (please c		sonable accommodations uestion)	in order to perform the
essential functions. Yes, a	and I will not need r	reasonable accommodation	ns in order to perform the
Please describe any accommunity functions of the position:	nodations you will	need in order to adequate	ely perform the essential
	Ref	erences	
Please list three or four pers your character and/or abiliti	ons, other than relat		, who have knowledge of
Name M	ailing Address	Years Known	Phone

# **Prior Employment Record**

List below all present and past employment information:

Name and address of current or most recent employer:				
Phone Number:				
Your supervisor:				
Your job title/responsibilities:				
Date hired: Date left:				
Reason for leaving:				
Starting salary: Ending salary:				
May we contact this employer: (circle) yes no				
Name and address of current or most recent employer:				
Phone Number:				
Your supervisor:				
Your job title/responsibilities:				
Date hired: Date left:				
Reason for leaving:				
Starting salary: Ending salary:				
May we contact this employer: (circle) yes no				
Name and address of current or most recent employer:				
Phone Number:				
Your supervisor:				
Your job title/responsibilities:				
Date hired: Date left:				
Reason for leaving:				
Starting salary: Ending salary:				
May we contact this employer: (circle) yes no				

## **Important**

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 of discovered at a later date.

	eman's, or a position that is required to handle cash urt clerk, finance director, treasurer, or a position ving:			
I, the below signed job application, do here conduct a criminal background check and/o process. I hereby authorize any law enforcements	d/or Credit Check Authorization by authorize the City of Milan or its designee to redit check on me as part of the job application rement agency to release information, records and s brought against me. I also authorize the City of			
Applicant's Full Name:	Social Security Number:			
	Today's Date:			
	Date:			
I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.				
Applicant Signature:	Date:			