



**PREVIOUS EMPLOYMENT**

Please list the two most recent places of employment.

**Previous Employer:** \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Starting Pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES**  
(PROFESSIONAL ONLY)

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MILITARY SERVICE**

ARE YOU A VETERAN?  YES  NO

BRANCH: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_

**BACKGROUND CHECK CONSENT**

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?  YES  NO

**DISCLAIMER**

The City of Friendsville is an Equal Opportunity Employer and is committed to excellence through diversity. Employment decisions are made without regard to race, color, religion, sex, pregnancy, national origin, age, disability, genetic information, veteran status, or any other protected status in accordance with applicable federal, state, and local laws.

To ensure this application is acceptable, please print or type and complete the application in full. Incomplete applications may not be considered. Please complete each section, even if you attach a resume.

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false, misleading, or omitted information may disqualify me from further consideration or, if employed, may result in termination of employment.

I authorize the City of Friendsville to verify the information provided in this application and to conduct appropriate background checks consistent with applicable law.

If hired, I understand that employment with the City of Friendsville is at-will and may be terminated at any time by either the city or myself, with or without cause or notice, unless otherwise provided by law.

I understand that the City of Friendsville is a drug-free workplace.

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

PRINT NAME \_\_\_\_\_