



Employment Application

Please Return This Application To:

City of Clifton
 c/o City Recorder Barbara Culp
 142 Main Street
 P.O. Box 192
 Clifton, TN
 38425

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#

City State Zip Code

Phone: _____ Email: _____

Position Information

Position Applying For: _____ Date You Can Start: _____

Are You Currently Employed? _____ May We Contact Your Current Employer _____

How Did You Learn of the Vacancy? : _____ Referred By: _____

Education

	Name of institution	City, State	Years/ Number of Semesters Attended	Did You Graduate?
High School				
College				
Graduate School				

Other Related Skills: _____

Special Training: _____

Military Experience: _____

Employment History

Current or Most Recent Employer

Company Address Phone Number

Position Dates Employed Salary Reason For Leaving

Responsibilities May the City Contact This Employer?

Next Most Recent Employer

Company Address Phone Number

Position Dates Employed Salary Reason For Leaving

Responsibilities May the City Contact This Employer?

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Position Dates Employed Salary Reason For Leaving

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Next Most Recent Employer

Company Address Phone Number

Position Dates Employed Salary Reason For Leaving

Responsibilities May the City Contact This Employer?

References

Reference #1	Relationship	Time Acquainted	Phone Number
Reference #2	Relationship	Time Acquainted	Phone Number
Reference #3	Relationship	Time Acquainted	Phone Number

Terms and Conditions

ATTENTION: YOU MUST READ & SIGN THIS STATEMENT BEFORE APPLYING FOR A POSITION

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or for dismissing me after I have begun to work I understand that all information contained in this application may be subject to verification

I understand that my fingerprints and police record will be checked if I am to be employed.

I understand that if I am applying for a position that will require driving a City vehicle, a driving record check for pre-employment will be conducted by the City through the Department of Motor Vehicles, and I authorize approval for this to be done.

I understand that I may receive a conditional offer of employment contingent upon passing the City's physical examination process (if job related) that can include substance abuse tests. I also agree to submit to a Criminal History Background Investigation.

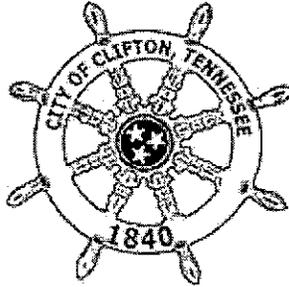
I understand that this application is not intended to be a contract of employment, and if I am employed, my employment will be as an employee at will, and that my employment may be terminated by the employee or employer at any time, with or without cause.

As your application is processed, all or part of the information which is contained herein may be disseminated to another agency, non-governmental organization, system or person who would not have regular access to the information. The purpose of this dissemination will be for the evaluation of your application. By signing this application, you are providing the City with permission to disseminate the information as deemed necessary by the City.

Signature

Date

**WAIVER
FOR CRIMINAL BACKGROUND CHECK
City of Clifton**



I AM AN APPLICANT FOR EMPLOYMENT WITH THE CITY OF CLIFTON. AS PART OF MY APPLICATION FOR EMPLOYMENT, I VOLUNTARILY SUBMIT TO BOTH A CRIMINAL RECORDS CHECK AND PAST EMPLOYMENT VERIFICATION TO BE CONDUCTED FOR THE BENEFIT OF THE CITY OF CLIFTON. I AM PROVIDING CONFIDENTIAL INFORMATION TO BE USED ONLY FOR THIS BACKGROUND CHECK AND EMPLOYMENT VERIFICATION. I HEREBY WAIVE ANY CLAIM I MAY HAVE OR WHICH MAY ARISE DUE TO THE USE OF SUCH INFORMATION FOR A BACKGROUND CHECK AND EMPLOYMENT VERIFICATION PURPOSES ONLY. THIS WAIVER DOES NOT INCLUDE ANY CLAIM FOR DAMAGES RESULTING FROM ANY INTENTIONAL OR GROSSLY NEGLIGENT RELEASE OF MY CONFIDENTIAL INFORMATION BY THE CITY OR ITS EMPLOYEES.

Name (Full) _____

Other Names Used _____

Race _____ Sex _____

Date of Birth _____ State of Birth _____

Social Security Number _____/_____/_____

Drivers License Number _____ State _____

I DIRECT THIS INFORMATION BE USED ONLY FOR THE PURPOSES OF OBTAINING A BACKGROUND RECORDS CHECK AND EMPLOYMENT VERIFICATION AS PART OF MY APPLICATION FOR EMPLOYMENT. NO OTHER RELEASE OF MY CONFIDENTIAL INFORMATION MAY BE MADE WITHOUT MY FURTHER CONSENT.

AT ANY TIME UPON REQUEST BY OFFICIALS OF THE CITY OF CLIFTON, AS PART OF MY APPLICATION FOR EMPLOYMENT, I AGREE TO PROVIDE ANY AND ALL NECESSARY DOCUMENTATION THAT MAY BE REQUIRED SUCH AS, BUT NOT LIMITED TO; BIRTH CERTIFICATE, HIGH SCHOOL DIPLOMA, ANY SPECIALIZED TRAINING DOCUMENTS, ETC.

Signature

Date