



# TOWN OF BLUFF CITY EMPLOYMENT APPLICATION

The Town of Bluff City 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.

## PERSONAL INFORMATION

Full Legal Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a legal right to work in the United States?  Yes  No

Are you of legal age to work?  Yes  No

Do you possess a valid driver's license? \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_

## GENERAL INFORMATION

Position(s) applying for \_\_\_\_\_

Have you previously worked for the Town of Bluff City?  Yes  No

If so, when? \_\_\_\_\_

What date are you available for work? \_\_\_\_\_

Are you able to perform the essential functions of the  Yes  No  
job for which you have applied?

## EDUCATION

Highest grade level completed \_\_\_\_\_

	Name/Location of School	Course of Study	Degree Obtained
High School:			
College:			
Other:			

**MILITARY SERVICE**

Branch of Service	Date Entered	Date of Discharge	Rank

Please list any experience from your military service that is relevant to the job(s) for which you are applying:

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**TOWN-EMPLOYED FAMILY**

List any relatives (aunt/uncle, first cousins, or closer) employed by the Town of Bluff City.

Full Name	Relationship	Department	Position

**WORK HISTORY**

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Current or Last Employer \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

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Address \_\_\_\_\_ Telephone \_\_\_\_\_

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Supervisor \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Job Title, Duties, and Responsibilities: \_\_\_\_\_

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Previous Employer \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

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Address \_\_\_\_\_ Telephone \_\_\_\_\_

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Supervisor \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Job Title, Duties, and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Employer \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Job Title, Duties, and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Please provide three (3) references who have knowledge of your character or abilities. These should not be relatives or former employers listed above.

Name	Years Known	Address	Phone	Relation

**OTHER INFORMATION**

Have you applied for a job with the Town in the past? *If yes, please provide the date of application and the position for which you applied. Please include any other names used.*

\_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with the Town? *If yes, please explain.*

\_\_\_\_\_

Have you been convicted of a crime (felony or misdemeanor), or released on probation or released from a federal, state or local detention facility in the past? *If yes, please explain.*

*Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered.*

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**IMPORTANT**  
**Please Read Carefully Before Signing**

By my signature placed below I promise that the facts set forth in my application (and accompanying resume, if any) for employment are true and complete. I understand that if employed, any false statements on this application may result in my dismissal. I agree to immediately notify the Town if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired. I further understand this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decided to employ me. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I authorize the Town of Bluff City to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that the Town may request an investigative consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the Town within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the Town with relevant information and opinion that may be useful to the Town in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements. If I am being considered for a Public Works position, I understand that my safety performance history will be investigated.

I give permission for a complete post offer employment physical examination and drug screening, and I consent to the release to the Town of any and all medical information, as may be deemed necessary by the Town in judging my capability to do the work for which I am applying.

I understand that if my employment is terminated by the Town for dishonesty, breach of trust, or any criminal acts the authorities may be notified; and I may be notified and criminally prosecuted.

I understand and agree that, if hired, **MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME**, and may, regardless of the date of payment of my wages or salary, **BE TERMINATED AT ANY TIME**. I understand that **NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM**.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER

Rev. 2025-11