

(Print) Last Name	First	Middle	Date of Application
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Position Applied For: _____
 (This application is valid for this specific vacancy only)

Job description attached _____

WOULD YOU PREFER

FULL TIME PART-TIME

WOULD YOU ACCEPT PART-TIME?

YES NO

WOULD YOU ACCEPT SEASONAL?

YES NO

Employment Application

City of Gatlinburg



AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered without regard to race, color, sex, age, religion, national origin, veteran status, disability or any other prohibited basis of discrimination.

This city will not refuse to hire a disabled applicant who is capable of performing the essential requirements of the job with reasonable accommodation.

Human Resource Office
 P.O. Box 5, 1230 E. Parkway
 Gatlinburg, TN 37738
 (865)436-1400

Attach any additional information or documents to this application.

PLEASE PRINT

This application may be folded and mailed.

FAILURE TO COMPLETE ALL ITEMS OF APPLICATION SHALL BE JUST CAUSE FOR REJECTION OF APPLICATION

Name.	Drivers License No.	State	Type of License
Present Address	Street Name	Apartment Number/Lot Number	
City	State	Zip Code	
Home Telephone No. ()	Cell Phone No. ()	Social Security Number:	
Are you at least 18 yr. old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally eligible to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are any of your relatives presently employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Name of relative _____ relationship _____			

GENERAL	Have you ever applied for employment with the City of Gatlinburg before? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, when and what job: _____
	Have you ever been employed by the City of Gatlinburg? If yes, where and when: _____
	Reason for leaving: _____
List any past or present activities which would be an asset to this job: _____	

EDUCATION					
Institution	Name	Location (City & State)	Major	Graduated/Hours	Degree
High School				<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College #1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College #2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any skills training or certifications which would be an asset to this job: _____					

MILITARY		VETERANS ONLY	
Branch of Service: _____		Date Enlisted: ____/____/____ Date of Separation: ____/____/____	
Was your discharge other than Honorable? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain fully: _____	

For full-time employment, you must submit a copy of your discharge (DD214) with the application.			

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EMPLOYMENT RECORD	Name and Address of Employers	Mo.	Yr.	Your Job Title And Specific Duties	Rate Of Pay	Reason for Leaving	Name, Title and Phone Number of Immediate Supervisor	
	1. Name (Present or Last Employer)	From		Title: Duties:	Start		Name/Title: Phone:	
	Address	To			Leave		May we contact your Present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2. Name (next previous)	From		Title: Duties:	Start		Name/Title: Phone:	
	Address	To			Leave			
	3. Name (next previous)	From		Title: Duties:	Start		Name/Title: Phone:	
	Address	To			Leave			
	4. Please list all employers in the last six years. Use the back of the application!							

APPLICANT STATEMENT and AGREEMENT	<p>READ CAREFULLY BEFORE SIGNING</p> <ol style="list-style-type: none"> I certify that the answers on this application are true and complete to the best of my knowledge and belief. I understand that false or misleading information provided during the application or interview process will be considered as just cause for rejection of this application or dismissal from employment. I voluntarily give the City of Gatlinburg the right to make a thorough investigation of my past employment, education and job related activities; and agree to cooperate in such investigations, and release the City from all liability or responsibility for collecting such information. In addition, I release from all liability all persons, companies, and corporations supplying information. I understand this application will become inactive if placement is not made for the specific position for which I have applied and that once in the possession of the City of Gatlinburg, this application becomes a public record. Should an employment offer be extended, I understand that as a condition of employment, I shall be required to submit to a physical examination including medical history and drug screen. Complete details of the City's Substance Abuse Policy are available upon request. You are not required to disclose information about physical or mental limitations you believe will not interfere with your capability to do the job. However, if you want the City to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided below and suggest the kind of accommodation you believe would be appropriate. I have carefully reviewed the job description position for which I have applied. I am fully capable of performing all essential functions of the position with or without accommodations. <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Signature of Applicant _____ Date _____</p>

Return Address

**HUMAN RESOURCE OFFICE
CITY OF GATLINBURG
P.O. BOX 5
GATLINBURG, TN 37738**