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# Application for Employment

*Applications will only be accepted for open, advertised positions.*

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The City of Millersville is an equal opportunity employer and considers applicants without regard to race, religion, gender, national origin, age, disability or any other legally protected status.

**PLEASE PRINT LEGIBLY**

Position Applied For: \_\_\_\_\_ Salary/Wage Requirements: \_\_\_\_\_

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**GENERAL INFORMATION:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Are you at least 18 years of age?  Yes  No

Are you related by blood, adoption or marriage to a current employee of the City?  Yes  No

If yes, please give name and relationship: \_\_\_\_\_

If employed, will you be able to produce evidence that you are eligible for employment in the United States?

Yes  No

*Proof of employment eligibility will be required upon employment.*

Have you ever been convicted of any felonies other than minor traffic violations?  Yes  No

If yes, please explain: \_\_\_\_\_

*A criminal record or a conviction will not automatically bar employment but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.*

Have you ever been employed by the City of Millersville?  Yes  No

If yes, what position was held? \_\_\_\_\_ If yes, give dates: \_\_\_\_\_

Are you able to work overtime, if required?  Yes  No First available date for work: \_\_\_\_\_

Employment Desired:  Full Time  Part Time  Temporary  Other \_\_\_\_\_

Are you able to perform the essential functions of the job for which you applied, with or without reasonable accommodation, based on the job description provided?  Yes  No

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**EDUCATION & TRAINING:**

High School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Do you have a high school diploma or GED?  Yes  No *A high school diploma/GED may not be required for all positions. Not possessing a diploma/GED may disqualify an applicant from some positions based on job necessity.*

College / University / Trade or Technical School	City and State	Major Area of Study	Degree Earned	Graduated Yes or No

**KNOWLEDGE, SKILLS, & ABILITIES**

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

List all professional certifications you currently hold:

What language(s) can you speak and/or read and write fluently? \_\_\_\_\_

Complete only if position requires driving:

Do you have a valid driver's license?  Yes  No Type: \_\_\_\_\_Have you ever had your driver's license suspended or revoked?  Yes  No

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**EMPLOYMENT HISTORY:**

List your last four employers, starting with the most recent including military experience. Account for all military service and any periods of unemployment. If self-employed, give name of business.

May we contact your current employer?  Yes  No

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\*\*if additional space is needed, please continue on a separate sheet of paper\*\*

**REFERENCES:**

List three professional references not related to you. If not applicable, list three school or personal references not related to you.

Name	Telephone Number	Years Known

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## POLICE OFFICER APPLICATION SUPPLEMENT

**\*\*ONLY complete this section if you are applying for the position of Police Officer\*\***

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Are you at least twenty-one (21) years of age?  Yes  No

Are you currently P.O.S.T Certified in the State of Tennessee?  Yes  No

If 'Yes', please provide your certification #: \_\_\_\_\_

If 'No', have you ever been P.O.S.T. Certified in the State of Tennessee?  Yes  No

Please explain:

\_\_\_\_\_

Are you currently a Certified Police Officer in another state?  Yes  No

If 'Yes', please provide your certification # and state of certification: \_\_\_\_\_

Have you been convicted of any felony or of a misdemeanor involving force, violence, theft, dishonesty, gambling, liquor or other alcoholic beverages or controlled substances?  Yes  No

Have you been convicted of any crime?  Yes  No

If 'Yes' please list the crime(s) and date(s) of conviction(s):

\_\_\_\_\_

Have you ever been discharged from any branch of the armed forces of the United States of America (including active duty, guard, or reserve)?  Yes  No

Have you been discharged from the military under anything other than an honorable discharge?  Yes  No

If so, what is the nature of your discharge? \_\_\_\_\_

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## AUTHORIZATION / ACKNOWLEDGEMENT

By my signature below, I certify that all of the information and statements provided by me in and with this application are true and correct.

It is understood and agreed upon that any misrepresentation or omission by me in this application will be sufficient cause for cancellation of this application and/or separation from the City of Millersville if I have been employed.

I give the City of Millersville the right to investigate all references and to secure additional information about me, including criminal history, if job-related and consistent with business necessity.

I consent to the release of information to the City of Millersville about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations, as applicable.

I hereby release from liability the City of Millersville and its representatives for seeking such information and all other persons, corporations or organizations for providing such information.

I understand that, if based upon job-related necessity, a consumer credit investigation is required for employment, I will be provided a separate notice and authorization under the Fair Credit Reporting Act (FCRA) 15 U.S.C. § 1681.

I understand that if offered a position with the City of Millersville, I will be required to pass a pre-employment drug screen and a job-related pre-employment physical.

Should I be offered employment, I understand that:

- 1) The offer is contingent upon the results of my background check and post-offer drug screen.
- 2) To be an employee of the City of Millersville proof of legal authorization to work in the United States is required. If hired, I must provide the necessary authorization documents within three (3) business days of hire.
- 3) Employment with the City of Millersville is 'At-Will' meaning that I may resign at any time, or may be discharged at any time, with or without cause.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Personnel Office Use Only	
Arrange Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks: _____	
Interviewer: _____	Date of Interview: _____
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire Date: _____ Job Title: _____
Rate of Pay: _____	Department: _____