



# City of Waverly Department of Public Safety

103 East Main St  
Waverly, TN 37185  
931-296-4300  
www.waverlypublicsafety.com

## Application for Employment

Waverly Department of Public Safety policy prohibits discrimination on the basis of age, citizenship, color, disability, marital status, national origin, race, religion, sex, sexual orientation, veteran's status or any other characteristic protected by federal, state or local laws.

Today's Date \_\_\_\_\_

### NAME AND ADDRESS

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

Address \_\_\_\_\_  
 City State Zip Code

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Drivers License Number \_\_\_\_\_  
 Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Other (Mobile) Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail address \_\_\_\_\_

### EMPLOYMENT STATUS

Have you ever filed an application with us before? Yes ___ No ___	Are currently employed? Yes ___ No ___	May we contact your employer? Yes ___ No ___
Position (s) Applied For:	Are you available to work: Full Time ___ Part Time ___ Shift Work ___ Temp ___	On what date would you be available for work? _____
Are you currently on "lay-off" status and subject to recall? Yes ___ No ___	Can you travel if a job requires it? Yes ___ No ___	Are you legally eligible to work in the U.S.? Yes ___ No ___ Document number and expiration date (if applicable) _____
Have you ever been convicted of a crime? Yes ___ No ___ (Conviction will not necessarily disqualify an applicant from employment) If yes, please explain _____		
How did you learn about us? Advertisement ___ Employment Agency ___ Friend ___ Relative ___ Walk-In ___ Other _____		

### REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers:

1.	Name _____	Address _____	Phone Number _____
2.	Name _____	Address _____	Phone Number _____
3.	Name _____	Address _____	Phone Number _____

Have you ever had any job-related training in the United States Military? Yes \_\_\_ No \_\_\_  
 If yes, please describe \_\_\_\_\_

Are you physically or other wise unable to perform the duties of the job for which you are applying? Yes \_\_\_ No \_\_\_

## EMPLOYMENT EXPERIENCE

Please list information about your current or most recent employer first. Include military service or any self-employment. Please give all information requested even if it is included on your resume'.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers (s)			
Job Title	Supervisor		
Reason for leaving			
2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers (s)			
Job Title	Supervisor		
Reason for leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers (s)			
Job Title	Supervisor		
Reason for leaving			
4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers (s)			
Job Title	Supervisor		
Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

---



---



---



---



---



## EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

## VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Please Print

Name		
Address		
City	State	Zip
Social Security Number		
Date		

Submission of This Information is Voluntary		
Current Job		
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Check One Of The Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> African American	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
Check If Any Of The Following Are Applicable		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual
Birth date ____/____/____		