



**Town of Wartrace**

**P.O. Box 158**  
29 Main St. E.

Wartrace, TN 37183

Office: 931-389-6144 Fax: 931-389-6142 Email: admin@townofwartrace.com

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

<b>Personal Information</b>			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Best Phone #: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Other: (____) _____ - _____			
Email: _____			
Are you 18 or over? ____ Yes ____ No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by the Town of Wartrace? ____ Yes ____ No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for the Town of Wartrace? ____ Yes ____ No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	
Are you able to meet attendance requirements of the position? (M-F 7:30am – 4:00pm, some weekends, some on-call) ____ Yes ____ No			
Will you work overtime if required? ____ Yes ____ No If no, please explain:			
Have you ever been bonded? ____ Yes ____ No			



Education					
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma	
High School					
College					
Graduate School					
Technical or Certificate Programs					

**Employment History** Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		



Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

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REQUIRED INFORMATION: Please list all current licenses and certifications relevant for the type of employment you are seeking:

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<b>References</b> Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known



If applying for a Water / Wastewater or Public Works Position, Please indicate whether you hold the following **valid** drivers licenses:

Class A \_\_\_\_\_ CDL \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

<b>Election of Veteran's Preference</b>	
Do you wish to claim a veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so please check the preference you are claiming.	
<input type="checkbox"/> Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).	
<input type="checkbox"/> Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).	
<input type="checkbox"/> Spouse of deceased veteran.	
<input type="checkbox"/> Spouse of disabled veteran who is unable to use preference due to disability.	
Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.	
Signature _____	Date _____

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The Town of Wartrace is an Equal Opportunity Employer. It is the policy of the Town of Wartrace not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Affirmative Action Voluntary Information:**

**Completion of the information below is voluntary.** In an effort to comply with requirement regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decisions or action. This information is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

**Referral Source**

\_\_\_ Walk-In      \_\_\_ Government Employment Agency      \_\_\_ Private Employment Agency

\_\_\_ Employee      \_\_\_ Relative      \_\_\_ School

\_\_\_ Advertisement Source (e.g., Indeed.com, Careerbuilder.com, etc.)  
(Please specify source: \_\_\_\_\_)

\_\_\_ Word of mouth (Please specify referral source: \_\_\_\_\_)

**Additional Applicant Information**

\_\_\_ Male      \_\_\_ Female

**Please check one of the following Equal Employment Opportunity Identification Groups:**

\_\_\_ White (not of Hispanic origin)      \_\_\_ Black (not of Hispanic origin)      \_\_\_ Hispanic

\_\_\_ American Indian / Alaskan Native      \_\_\_ Asian / Pacific Islander      \_\_\_ Other