

EMPLOYMENT APPLICATION

City of Winchester
7 South High Street
Winchester, TN 37398

The City of Winchester is an equal opportunity employer and a smoke-free facility.

PERSONAL

Last Name: _____			First Name: _____			MI: _____			
Street Address: _____			City: _____			State: _____		Zip: _____	
Telephone: _____			Driver's License # _____			State: _____			
Do you have a legal right to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no									
Are you over the age of 18? <input type="checkbox"/> yes <input type="checkbox"/> no									
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no									
If yes, please explain: _____									

JOB INTERESTS / SKILLS

Date: _____		Position Desired: _____	
Type of employment requested: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal			
Have you applied for a position here before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when? _____			
Please list qualifications and skills: _____			

EDUCATION

Type of School	Name and Location	Course of Study	# of years	Degree, Diploma, Certificate, etc
High School				
College or University				
Other Education				

EMPLOYMENT (List most recent first)

Name of Employer: _____
 Street Address: _____ City: _____ State: ___ Zip: _____
 Supervisor: _____ Your Title: _____
 Employed from _____ to _____ Starting salary: _____ Ending Salary: _____
 Worked Performed: _____

 Reason for Leaving: _____

Name of Employer: _____
 Street Address: _____ City: _____ State: ___ Zip: _____
 Supervisor: _____ Your Title: _____
 Employed from _____ to _____ Starting salary: _____ Ending Salary: _____
 Worked Performed: _____

 Reason for Leaving: _____

Name of Employer: _____
 Street Address: _____ City: _____ State: ___ Zip: _____
 Supervisor: _____ Your Title: _____
 Employed from _____ to _____ Starting salary: _____ Ending Salary: _____
 Worked Performed: _____

 Reason for Leaving: _____

REFERENCES

NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE #

ACKNOWLEDGEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Applicant Signature: _____ Date: _____