

**APPLICATION FOR EMPLOYMENT  
CITY OF FRANKLIN**  
An Equal Opportunity Employer

Date \_\_\_\_\_

**PERSONAL INFORMATION**

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

Address \_\_\_\_\_  
Street or PO Box City State Zip Code

Telephone (Work) \_\_\_\_\_ (Home/Cell) \_\_\_\_\_

Are you 18 years or older? Circle one YES NO Do you have a driver's license? YES NO

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date Available \_\_\_\_\_ Starting Wage \_\_\_\_\_

Do you wish to work (circle one) Full Time Part Time (how many hours \_\_\_\_\_) Temporary

Have you applied to the city before? YES NO If YES, when \_\_\_\_\_

Have you worked for the city before? YES NO If YES, when \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

How did you hear of this position? EMPLOYEE NEWSPAPER OTHER \_\_\_\_\_

**EDUCATION Name & Location # of yrs. Attended Degree, Major, Course**

<b>EDUCATION</b>	<b>Name &amp; Location</b>	<b># of yrs. Attended</b>	<b>Degree, Major, Course</b>
<b>HIGH SCHOOL</b>			
<b>COLLEGE</b>			
<b>GRADUATE SCHOOL</b>			
<b>TRADE SCHOOL OR CORRESPONDCE SCHOOL</b>			

**FORMER EMPLOYERS**-list most recent first (within the last five years)

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Starting Date \_\_\_\_\_ End Date \_\_\_\_\_  
Weekly Starting Wage \_\_\_\_\_ Weekly Final Wage \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Starting Date \_\_\_\_\_ End Date \_\_\_\_\_  
Weekly Starting Wage \_\_\_\_\_ Weekly Final Wage \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Starting Date \_\_\_\_\_ End Date \_\_\_\_\_  
Weekly Starting Wage \_\_\_\_\_ Weekly Final Wage \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**GENERAL**

Machines Used \_\_\_\_\_  
Special Training \_\_\_\_\_  
Special Skills \_\_\_\_\_  
Special Interests \_\_\_\_\_  
Why would you do well in this position? \_\_\_\_\_

**REFERENCES**-list three persons not related to you whom you have known for at least one year

Name	Address	Occupation/ Relationship	Phone
1.			
2.			
3.			

**MILITARY EXPERIENCE**

Were you in the U.S. Armed Forces? YES NO If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Separation \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

**AUTHORIZATION**

I certify that the information contained in this application (and accompanying resume, if applicable) is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize the schools, references and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

I agree to abide by and conform to the City's rules and regulations. I understand that my employment can be terminated with or without cause, at any time at the discretion of the city or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_