

MAYOR
ROBERT KEETON III

VICE MAYOR
CLIFF STURDIVANT

TOWN RECORDER
ANNIE HAND

ALDERMEN
RENEE FORD
JENNA YOUNG
SCOTTY HIGDON
ROBERT COLE

Application for Employment

Town of Bruceton

The Town of Bruceton is an equal opportunity employer, dedicated to a place of nondiscrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, military service, or disability that does not prohibit performance of essential job functions.

209 Cheatham Street, Bruceton, TN 38317
Telephone: (731) 586-2401 Facsimile: (731) 586-2402

Application

Application for position of: **SELECT ONE**

Date:

**GENERAL
INSTRUCTIONS
USE BLACK INK
ONLY**

Type or print answers to every question. If question does not apply to you, state with N/A. If space available is insufficient, use a separate sheet and identify each answer with the number of the referenced block. **DO NOT MISSTATE OR OMIT** material facts since the statements made herein are subject to verification to determine your qualifications for employment.

1. LAST NAME	FIRST NAME	MIDDLE NAME	
2. ALIAS(ES), NICKNAME (S), OTHER CHANGES IN NAME		3. SOCIAL SECURITY NO.	
4. PRESENT RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
5. HOME PHONE:	6. CELL PHONE:	7. WORK PHONE:	8. E-MAIL ADDRESSES:
9. TATTOOS, BRANDING MARKS, PIERCINGS:			

If necessary, best time to call you is:

Cell ☐ Home ☐ Work ☐

May we contact you at work? Yes ☐ No ☐

If yes, what is the best time to call: _____

Have you submitted an application here before? Yes ☐ No ☐

If yes, give date (s): _____

Have you ever been employed here before? Yes ☐ No ☐

If yes, give dates: From / / To / /

Is this application a request for reemployment following an extended military leave of absence from the county?

Yes ☐ No ☐

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Are you legally eligible to work in the United States? Yes ☐ No ☐

APPLICATIONS FOR OFFICERS ONLY:

Are you a U.S. Citizen: Yes ☐ No ☐

10. MILITARY RECORD:

Have you ever served in the U.S. Armed Forces? Yes ☐ No ☐

Branch of Service: _____ Serial No/SSN: _____

Dates of Service: _____ to _____

Was your release an honorable discharge? Yes ☐ No ☐

A. While in the military service were you ever convicted for an offense in a trial by deck court or by summary, special or general court-martial? Yes ☐ No ☐

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident, using separate sheet to record this information.

B. Are you presently a member of U.S. Reserve or National or State Guard organization? Yes ☐ No ☐

If yes, complete the following:

GRADE AND SERVICE NO./SSN	SERVICE AND COMPONENT
ORGANIZATION AND STATE OR UNIT AND LOCATION	

INDICATE RESERVE OBLIGATION IF ANY:

SELECTIVE SERVICE:

SELECTIVE SERVICE NO.	LAST CLASSIFICATION	DATE CLASSIFIED
LOCAL BOARD	ADDRESS	

11. EDUCATION:

A. List all elementary, junior high and high schools attended.

NAME	LOCATION	GRADUATED YES / NO

B. List information below for all colleges or universities attended.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	CREDIT HOURS OR SEMESTERS COMPLETED	DEGREE REC'D

Major and Minor College Course: _____

Were you ever dismissed from school, or subject to any disciplinary action, including scholastic probation? Yes ☐ No ☐

School _____ Date: _____ Type of action: _____

C. Other schools or training (trade, vocational, business or military). Give for each the name and location of school, dates attended, subjects studied, certificate and any other pertinent data.

12. FOREIGN LANGUAGE: Enter foreign language and your aptitude by circling your appropriate knowledge level under each category.

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>
	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>
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	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>
	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>	EXC <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/>

13. SPECIAL QUALIFICATION AND SKILLS:

A. Indicate type of special license such as pilot, radio operator, etc., showing license authority, when the license was first issued and date current license expires: (except vehicle operator's license).

B. Special skills you possess and machines and equipment you can use (for example: short wave radio, comptometer, key punch, turret lathe, transcribing machines, scientific or professional devices).

C. Approximate number of words per minute: Typing _____ Shorthand _____

D. Special qualifications not covered in application (for example: patents or inventions, public speaking and publications, membership in professional or scientific societies, honors or fellowships received).

14. VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.) Give the following information concerning any vehicle operator's license you have or now hold:

KIND OF LICENSE & LICENSE NUMBER	PLACE OF ISSUE	DATE OF EXPIRATION	RESTRICTIONS

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes ☐ No ☐

Explain fully _____

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused auto insurance? Yes ☐ No ☐

If yes, give details, include reasons, names of companies, dates, etc. _____

Give name and address of the insurance company with whom you now have automobile insurance.

Policy Coverage: _____

List all traffic accidents in which you were a driver. Indicate whether the accident was chargeable or non-chargeable, and the approximate date and location.

15. CONVICTION AND LITIGATION: (Show all convictions including juvenile and traffic, excluding parking tickets).

Arrests and convictions are not an absolute bar to employment. However, pursuant to state law, applicants with a felony conviction will not be eligible for deputy positions.

- A Have you ever been arrested for any reason? Yes ☐ No ☐
- B Have you ever been convicted of, pled guilty to, or pled no contest to a felony? Yes ☐ No ☐
- C Have you ever been convicted of, pled guilty to, or pled no contest to a misdemeanor? Yes ☐ No ☐
- D Have you ever been convicted of a traffic offense, excluding parking violations? Yes ☐ No ☐
- E Have you or ever been involved in any CIVIL Court action? Yes ☐ No ☐
- F Have you ever had a civil order placed against you? (Order of protection, restraining order, injunction against harassment.) Yes ☐ No ☐
- G Have the police been called to your residence for any reason in the past 10 years? Yes ☐ No ☐

If the answer to any of the above questions is yes, list explanation below. Include date of incident, place of incident, brief explanation of incident, and final outcome of incident (court action).

16. SUBVERSIVE ORGANIZATIONS

A Are you now or have you ever advocated the overthrow of our constitutional form of government, or adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or sought to alter the form of government of the United State by unconstitutional means?

Yes ☐ No ☐

B Are you now or have you ever been a member of an organization that advocates the overthrow of our constitutional form of government or approves the commission of acts of force (other than in self-defense or defense of others) or violence? Yes ☐ No ☐

C Are you now or have you ever been associated with any gang, club or other organization that is or has been involved in any illegal conspiracy, drug trafficking, or other unlawful activity or criminal act Yes ☐ No ☐

[TCA 40-35-121. Criminal Gang Offenses—Enhanced punishment—Procedure.

(a) As used in this section, unless the context otherwise requires:

(1) "Criminal Gang" means a formal or informal ongoing organization, association, or group consisting of three (3) or more persons that has:

(a) As one (1) of its activities the commission of criminal acts; and

(b) Two (2) or more members who, individually or collectively, engage in or have engaged in a pattern of criminal gang activity]

If yes to any of the answers above, describe the circumstances in detail on a separate sheet and attach to application.

17. EQUAL TREATMENT

The Town of Bruceton is dedicated to maintaining a work environment without discrimination on any basis including, age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, military service, or disability. As an employee of the Town of Bruceton, you would interact with other employees, inmates and arrestees, and the general public. Is there any reason that you would be unable to refrain from unfavorable treatment toward an individual on any prohibited basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political beliefs, or disability?

Yes ☐ No ☐

If yes, please include an explanation on a separate sheet and attach it to this application.

18. List all relatives employed or formerly employed by the Town of Bruceton.

19. List all friends or acquaintances employed by the Town of Bruceton.

20. REFERENCES:

CHARACTER REFERENCES (Do not include relatives, former employers or persons living outside the United States or its territories). List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List 8 character references, (not fellow employees or school teachers), three being in your own age group.

NAME	YEARS KNOWN	ADDRESS	PHONE NUMBER

21. PREA: The Prison Rape Elimination Act (PREA) requires that all applicants for employment with the Town of Bruceton answer the following questions:

- A. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institutions? Yes ☐ No ☐
- B. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes ☐ No ☐
- C. Have you ever been civilly or administratively adjudicated to have engaged in the activity described above in subsection B? Yes ☐ No ☐

If you answered yes to any of these questions, please provide an explanation on a separate sheet of paper.

22. EMPLOYMENT:

- A Have you ever been discharged, asked to resign, laid-off, or put on inactive status for cause, or subjected to disciplinary action while in any position (Except Military)? Yes ☐ No ☐
- B Have you ever resigned (Quit) after being informed your employer intended to discharge you for any reason? Yes ☐ No ☐

If you answered yes to either question, please attach a separate sheet of paper explaining the reason, and including the name of the agency, the location of agency, and the date of your departure.

- C At this time do you agree to allow Town of Bruceton to contact present employers? Yes ☐ No ☐

SIGNATURE OF APPLICANT

DATE

23. EMPLOYMENT CONTINUED: Start with present employer and work backwards for the past 10 years. Include all part-time, temporary, and/or seasonal employment. During periods of unemployment or attending school, indicate this where appropriate. Ensure that there are no gaps.

List complete addresses (number, street, city, state and zip code) and telephone numbers with area codes.

Employer # 1	Telephone #	Dates Employed:
Street Address	City State Zip Code	Salary (Starting)
Starting job title / final job title		Salary (Final)
Immediate supervisor and title (for most recent position held)		
Why did you leave?	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Summarize the type of work performed and job responsibilities		
What did you like most about your position?		
What were the things you liked least about the position?		
Employer #2	Telephone #	Dates Employed:
Street Address City State		Salary (Starting)
Starting job title/ final job title		Salary (Final)
Immediate supervisor and title (for most recent position held)		
Why did you leave?	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Summarize the type of work performed and job responsibilities		
What did you like most about your position?		
What were the things you liked least about the position?		

24. EMPLOYMENT CONTINUED

List complete addresses (number, street, city, state and zip code) and telephone numbers with area codes.

Employer # 3	Telephone #	Dates Employed:
Street Address	City State Zip Code	Salary (Starting)
Starting job title / final job title	Salary (Final)	
Immediate supervisor and title (for most recent position held)		
Why did you leave?	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Summarize the type of work performed and job responsibilities		
What did you like most about your position?		
What were the things you liked least about the position?		
Employer #4	Telephone #	Dates Employed:
Street Address City State	Salary (Starting)	
Starting job title/ final job title	Salary (Final)	
Immediate supervisor and title (for most recent position held)		
Why did you leave?	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Summarize the type of work performed and job responsibilities		
What did you like most about your position?		
What were the things you liked least about the position?		

Read each of the following statements carefully. You must place your initials at the end of each statement indicating that you have read and understand each statement. If you do not understand one of the statements, ask for an explanation prior to initialing.

25. I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true and complete to the best of my knowledge and belief and are made in good faith.

26. I agree and consent in advance to being immediately disqualified and/or discharged if any of the above information contains any misrepresentations or falsifications or if any material information has been omitted.

27. I further verify that the initials noted above are my initials and made by me. I also verify that I have read and understand each of the statements listed above.

Tennessee Acknowledgments

Acknowledgment of Individual

STATE OF TENNESSEE

COUNTY OF _____

On this _____ day of _____, 20____, before me personally appeared _____, to me known to be the person (or person's) described here in and who executed the foregoing instrument, and acknowledged that such person (or person's) executed the same as such (or person's) free act and deed.

NOTARY PUBLIC

PRINTED NAME _____

COMMISSION EXPIRES: _____

General Instructions:

The remaining pages of this application will be checked for completeness when the application is received, but will only be substantively reviewed if you are moved forward in the hiring process following a review of your application, a review of your driving history and criminal history, satisfactory completion of the physical agility test and keyboarding test, and an initial interview. Please complete this page, the Pre-Employment Drug History Questionnaire, the Personal Inquiry Waiver and the Prior Residential Addresses Form and submit them with your application.

This information is obtained to determine your suitability to work at the Town of Bruceton. Do not misstate or omit any facts since the statements made herein are subject to verification. If any misrepresentations are found, you will be permanently disqualified.

Please attach copies of the following documents, if applicable. Failure to do so may result in delay of the hiring process or possible disqualification.

1. Social Security Card
2. Birth Certificate-Certified Copy
3. High School Diploma/transcripts or G.E.D. Certificate
4. College Diploma and Transcript
5. Military Discharge Papers (DD-214 or NGB-22)
6. Driver's License
7. Documentation of Name Changes (Via Marriage, Divorce, ETC.)
8. P.O.S.T. Certification (If prior law enforcement)
9. Credit Report (obtained within the past 6 months)

Applicant Name: _____ DOB: _____ SSN: _____

PLEASE REMEMBER THERE ARE TWO PLACES FOR NOTARY PUBLIC SIGNATURES. THEY ARE BOTH TO BE SIGNED OR YOUR APPLICATION WILL BE RENDERED INCOMPLETE.

APPLICATION PART TWO

28. RESIDENCES: List all residences for the past 10 years beginning with your present address and including the dates you lived at each place.

ADDRESS (street, city, county, state)	FROM	TO

29. MARRIAGES: Please list the names of your current spouse and all former spouses, if applicable, and provide the requested information.

NAME OF SPOUSE	PLACE OF MARRIAGE	DATE OF MARRIAGE
REASON FOR END OF MARRIAGE (death, divorce, annulment, separation)		DATE ENDED
SPOUSE'S CURRENT ADDRESS		TELEPHONE NUMBER

NAME OF SPOUSE	PLACE OF MARRIAGE	DATE OF MARRIAGE
REASON FOR END OF MARRIAGE (death, divorce, annulment, separation)		DATE ENDED
SPOUSE'S CURRENT ADDRESS		TELEPHONE NUMBER

NAME OF SPOUSE	PLACE OF MARRIAGE	DATE OF MARRIAGE
REASON FOR END OF MARRIAGE (death, divorce, annulment, separation)		DATE ENDED
SPOUSE'S CURRENT ADDRESS		TELEPHONE NUMBER

30. PARENTS: Please provide the following information about your parents:

NAME	ADDRESS	TELEPHONE NUMBER

31. FINANCIAL INFORMATION: Are you currently overdue or behind on payments for child support or student loans?
 Yes ☐ No ☐

Pre-Employment Drug History Questionnaire

Directions:

- A. Type or print answers in the desired block or section. Use black ink only.
- B. This information will be kept confidential and will only be reviewed by authorized personnel.
- C. If you are currently taking or have taken in the past any scheduled medication/narcotic prescribed by a licensed Physician, respond "NO" to the referenced question. If you have taken any scheduled medication/narcotic illegally or without a prescription, respond "YES" to the referenced question.

Drug Category	Ever Used Yes/No	Total of Times Used	Injection Drug Use Yes / No	Date Last Used
Stimulants: Methamphetamine-speed cocaine, ice, crank, crack-cocaine, etc.				
Amphetamines/Other Stimulants: Ritalin, Benzedrine, Dexedrine, etc.				
Benzodiazepines / Tranquilizers: Valium, Xanax, Diazepam, "Roofies" etc.				
Heroin				
Sedatives/Hypnotics / Barbiturates: Quaalude, Amytal, Pheno- barbital, etc.				
Street or illicit Methadone				
Other Opioids: Tylenol #2 / #3, Percocet, Opium, Morphine, Demerol, Dilaudid, Lortab, etc.				
Hallucinogens: LSD, PCP, MDA, DAT, peyote, mushrooms, ecstasy (MDMA), nitrous oxide, etc.				
Inhalants: Glue, gasoline, aerosols, paint, paint thinners, etc.				
Marijuana				
Anabolic steroids				
Others:(Specify)				

D. Do you use alcohol? Yes ☐ No ☐
If yes, to what extent? _____

Applicant Name: _____ DOB: _____ SSN: _____

The above referenced questions are answered honestly and as accurately to the best of my knowledge. I understand that any misrepresentations, exclusions or falsifications will permanently disqualify me from gaining employment with the Town of Bruceton. My signature below signifies that I have answered all questions truthfully and to the best of my recollection.

Applicant Signature: _____ Date: _____

PERSONAL INQUIRY WAIVER

TO: _____
(For sworn personnel only)

I respectfully request and authorize you to furnish the Town of Bruceton any and all information that you may have concerning my work record, my school record, my reputation, my financial and credit status, and my criminal record. This information is to be used to assist the Town of Bruceton in determining my qualifications and fitness for the position I am seeking with them.

I understand that the source of any negative information will remain confidential.

I further understand that all information and materials gathered are property of the investigating agency.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

APPLICANT SIGNATURE

DATE

Address (Numerical, Street, City, State, Zip Code)

NOTARY ACKNOWLEDGEMENT

State of _____

County of _____

Personally appeared before me, the undersigned notary public for said county and state, _____, to me known (or proved to me on the basis of satisfactory evidence) to be the person who executed the within instrument for the purpose therein contained.

Witness my hand, at office, this _____ Day of _____,

NOTARY PUBLIC

My Commission expires _____

CURRENT PHOTO OF
APPLICANT MUST BE
AFFIXED HERE.