

**MAYOR**  
ROBERT KEETON III

**VICE MAYOR**  
CLIFF STURDIVANT

**TOWN RECORDER**  
ANNIE HAND

**ALDERMEN**  
RENEE FORD

## **Application for Employment**

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

**Town of Bruceton**

# Application

Application for position of: \_\_\_\_\_

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 <input type="checkbox"/> No <input type="checkbox"/>
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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"/>
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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.

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

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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

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**SIGNATURE OF APPLICANT**

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**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.

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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.

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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.

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