

# CITY OF FAIRVIEW

## EMPLOYMENT APPLICATION

### TO THE APPLICANT:

- ☐ Complete this application as accurately as possible
- ☐ Answer all questions completely and honestly
- ☐ Not all questions will apply to you or the position you are applying for so simply mark those as N/A (not applicable)
- ☐ **ALL** City of Fairview employment applications should be submitted to:  
Tom Daugherty, Finance/Human Resources  
7100 City Center Way, Fairview, TN 37062  
Email: [tdaugherty@fairview-tn.org](mailto:tdaugherty@fairview-tn.org)  
Phone: 615-387-6085

Make sure that copies of the following are included with this packet:

- ☐ Driver's License
- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ DD 214 (if applicable)
- ☐ High School Diploma or GED
- ☐ College Degrees (if applicable)
- ☐ Certifications (if applicable)
- ☐ Law Enforcement POST certificate (if applicable)

# CITY OF FAIRVIEW

## EMPLOYMENT APPLICATION

7100 CITY CENTER WAY  
FAIRVIEW, TN 37062  
615-799-2484  
[WWW.FAIRVIEW-TN.ORG](http://WWW.FAIRVIEW-TN.ORG)



### Applicant Information

Position Applied for:

Department:

Full Name:

Other names (include maiden names, alias(s) & nickname(s)):

Address:

Mobile Phone: ( ) \_\_\_\_\_ Home Phone:

Email Address:

Social Security No:

Type of Employment Desired:

Desired Salary \$

Date available to work:

Will you work overtime if required?

Do you have a valid TN driver's license?

DL Number:

State Issued:

Type/Class (*Operator, Commercial, etc.*):

Are you legally eligible for employment in the United States?

Place of Birth (city, state):

Applicant Initials:

## Personal History

Have you ever been convicted of a crime?

If yes, state the name of the crime, sentence, name and location of convicting court:

Are you currently the subject of a criminal investigation?

If yes, please explain:

Have you ever been the plaintiff or defendant in a civil lawsuit (including divorce, foreclosures, etc.)?

If yes, please explain:

Are you involved in any pending civil or criminal court cases?

If yes, please explain:

Have you ever been arrested or issued a citation for a misdemeanor crime?

If yes, please explain:

Have you ever used illegal drugs:

If yes, when and what type of drug(s)

Have you ever had a court judgment or lien filed against you?

If yes, please explain:

Have you ever worked for the City of Fairview?

If yes, when?

Are you related by blood, adoption or marriage to a current employee or official of the City of Fairview?

If so, whom?

What is your relationship?

How did you learn about this employment opportunity?

Applicant Initials:

## Previous Employment

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

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Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

---

Company:

Phone:

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

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Applicant Initials:

**Skills and Qualifications:** Summarize special skills and qualifications acquired from employment or experiences that may qualify you to work for the City of Fairview, such as licenses, certifications, types of heavy equipment operated, types of computer programs operated etc.  
*Please attach copies of any certificates of training and/or other qualifications to this application.*

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## Education

High School:

Address:

From:

To:

Did you graduate?

If no, what was the highest grade completed?

Do you have a GED?

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College:

Address:

Number of years completed:

Did you graduate:

Major:

Minor:

Degree:

Applicant Initials:

## References

*Please list three character references who have definite knowledge of your qualifications and fitness for the position for which you are applying*

*DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS.*

Years Known:

Phone:

Years Known:

Phone:

Years Known:

Phone:

List any additional information you would like us to consider:

Applicant Initials:

## Law Enforcement Experience

Have you attended a law enforcement training academy?

Did you graduate?

Name of Academy:

Dates Attended:

Have you ever been decertified by POST Commission?

If yes, please explain:

## Fire Service Experience

Have you attended a fire training academy?

Did you graduate?

Name of Academy:

Dates Attended:

Have you been or are you currently a Volunteer Firefighter?

If yes, what department:

## Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Applicant Initials:

## Disclaimer and Signature

*The City of Fairview is an equal opportunity employer and does not discriminate on the basis of sex, race, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits.*

*The employment application is but one part of the hiring process, which may include an interview, an employment examination or test and demonstration of any ability required to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please contact the Human Resources Department.*

*I hereby affirm that the information on this application (and accompanying resume if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omission may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.*

*It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.*

*I give the City of Fairview the right to investigate all references and to secure additional information about me. I consent to the release of information to the City of Fairview about my ability and fitness for employment by employers, schools, law enforcement agencies, other individuals and organizations. I hereby release from liability the City of Fairview and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.*

*The City of Fairview is an Equal Opportunity Employer. The City of Fairview does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.*

*I understand that just as I am free to resign at any time, the City of Fairview reserves the right to terminate my employment pursuant to the City of Fairview's Personnel Rules and Regulations. I understand that no representative of the City of Fairview has the authority to make any assurances to the contrary.*

*I understand that my application and employment file (if hired) will be subject to the Open Records Act of Tennessee.*

**Applicant Name (printed):**

**Applicant Signature:**

**Date:**

**NOTICE:**

Screening tests for alcohol and illegal drug use will be required before hiring and during your employment.

Applicant Initials:



# CITY OF FAIRVIEW

## BACKGROUND CHECK AUTHORIZATION

7100 CITY CENTER WAY  
FAIRVIEW, TN 37062  
615-799-2484  
[WWW.FAIRVIEW-TN.ORG](http://WWW.FAIRVIEW-TN.ORG)



I do hereby authorize the City of Fairview or its designee to conduct a background investigation on me as a part of the continuing employment application process. I hereby authorize any credit bureau, educational institution, military service branch, law enforcement agency, and present and past employers, and references to release any and all information, records and documents regarding my past employment history, credit history, criminal history and driver's history. I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by any of these sources, references or others whom I have indicated may be contacted.

Driver's License No:

State:

Applicant's Full Name:

Social Security Number:

Applicant's Date of Birth:

Applicant's Signature:

Date:

Completed at \_\_\_\_\_, \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
City State

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

**Notary**

**My Commission Expires**