



c. Are any of your relatives (by blood or by marriage) employed by the City? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state their name(s), relationship, position(s) held and employing department(s) in item 10.

d. Have you ever been employed by us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate dates and position(s) held in item 10.

e. Since age 18, have you been convicted of violating any law including minor traffic offenses to include speeding tickets, red light camera, etc.?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the date, place and action taken by the Court in item 10.

**PLEASE NOTE:** A conviction does not mean you cannot be hired. The violation and date of occurrence will be evaluated in relation to the position for which you are applying.

f. Have you ever been discharged, fired or forced to resign from any position? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain the circumstances in item 10.

6.

EDUCATION	SCHOOL NAME CITY & STATE	DIPLOMA OR DEGREE	MAJOR FIELD	DATES ATTENDED FROM TO	
HIGH SCHOOL					
COLLEGE					
OTHER (VOCATIONAL, MILITARY, BUSINESS, TRADE, ETC.)					

7. **OTHER QUALIFICATIONS.** List any job related certifications, training or skills including computer and office machines which you believe we should consider. If you have computer experience, please list the names of all software and devices you can use. Also, list professional, trade, business, or civic memberships or activities which have given you relevant experiences.

8. **EXPERIENCE:** IN THE SPACE PROVIDED BELOW, GIVE A COMPLETE RECORD OF EMPLOYMENT FOR THE LAST FOUR (4) POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT. INCLUDE SELF EMPLOYMENT. PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT IN THE SPACE PROVIDED AFTER ITEM 10.

NAME AND COMPLETE ADDRESS OF EMPLOYER		YOUR POSITION TITLE: TYPICAL DUTIES		
DATE EMPLOYED MO. YR.	NAME OF SUPERVISOR	SALARY	CHECK ONE HR. WK. YR.	REASON FOR LEAVING OR CONSIDERING CHANGE
FROM		START		
TO		FINAL		

NAME AND COMPLETE ADDRESS OF EMPLOYER		YOUR POSITION TITLE: TYPICAL DUTIES		
DATE EMPLOYED MO. YR.	NAME OF SUPERVISOR	SALARY	CHECK ONE HR. WK. YR.	REASON FOR LEAVING OR CONSIDERING CHANGE
FROM		START		
TO		FINAL		

NAME AND COMPLETE ADDRESS OF EMPLOYER		YOUR POSITION TITLE: TYPICAL DUTIES		
DATE EMPLOYED MO. YR.	NAME OF SUPERVISOR	SALARY	CHECK ONE HR. WK. YR.	REASON FOR LEAVING OR CONSIDERING CHANGE
FROM		START		
TO		FINAL		

NAME AND COMPLETE ADDRESS OF EMPLOYER		YOUR POSITION TITLE: TYPICAL DUTIES		
DATE EMPLOYED MO. YR.	NAME OF SUPERVISOR	SALARY	CHECK ONE HR. WK. YR.	REASON FOR LEAVING OR CONSIDERING CHANGE
FROM		START		
TO		FINAL		

9. May inquiry be made of your present employer?

\_\_\_\_ Yes    \_\_\_\_ No    \_\_\_\_ Would Prefer The City Wait Until Final Stages Of Hiring

(A No Answer Will Not Affect Consideration For Employment)

10. This space may be used to explain your answers to any items on this application, or to add anything which you feel might be helpful to us in our evaluation.

**\*\*\* IMPORTANT \*\*\***

11. I hereby affirm that the information provided 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 omissions may disqualify me 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

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**Please attach a copy of your resume to this completed form.**

Applications must be saved as a file and can be submitted via email to [personnel@oakridgetn.gov](mailto:personnel@oakridgetn.gov) or printed and mailed to:

Personnel  
P.O. Box 1  
Oak Ridge, TN 37831

# CITY OF OAK RIDGE

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

VARIOUS APPLICABLE FEDERAL LAWS PROHIBIT DISCRIMINATION OF ANY TYPE. HOWEVER, CERTAIN INFORMATION IS REQUESTED FOR FEDERAL REPORTING PURPOSES.

THE FOLLOWING INFORMATION IS REQUESTED ON A VOLUNTARY BASIS AND WILL BE USED FOR RESEARCH AND ANALYSIS PURPOSES ONLY AND WILL NOT BE USED IN MAKING AN EMPLOYMENT DECISION.

DATE \_\_\_\_\_

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

MONTH

DAY

YEAR

SEX:

MALE

FEMALE

RACE:

**WHITE** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

**BLACK or AFRICAN AMERICAN** – a person having origins in any of the black racial groups of African

**HISPANIC or LATINO** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**ASIAN** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

**AMERICAN INDIAN/ALASKAN NATIVE** – a person having origin in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

**TWO OR MORE RACES** – a person who identifies with more than one of the above five races

MILITARY SERVICE:

NO

YES

POSITION(S) APPLIED FOR \_\_\_\_\_

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT ACCOMMODATION?

NO

YES

IF ACCOMMODATION IS NEEDED, PLEASE SPECIFY WHAT TYPE.

\_\_\_\_\_