



**CITY OF KNOXVILLE  
CIVIL SERVICE DEPARTMENT  
APPLICANT INFORMATION FORM**

Please complete and submit this form with your application. In order to comply with Federal regulations, this information is required. No information contained on this form will be used in making employment decisions. (TYPE OR PRINT NEATLY USING BLACK INK)

**\* CURRENT CITY OF KNOXVILLE EMPLOYEES DO NOT NEED TO COMPLETE THIS PAGE.\***

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MM DD YY Male Female

Name: \_\_\_\_\_  
 (First) (Middle Initial) (Last)

Address: \_\_\_\_\_  
 (Street) (Apt. Number) (Post Office Box Number)  
 \_\_\_\_\_  
 (City) (State) (Zip Code)

Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Business Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
 (Area Code) (Area Code)

Race: (select one)

**White** (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

**Black or African American** (Persons having origins in any of the Black racial groups of Africa)

**Hispanic or Latino** (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

**Asian** (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam)

**Native Hawaiian or other Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

**American Indian or Alaskan Native** (Persons having origins in any of the original peoples of North America and South America, including Central America, and who maintain tribal affiliation or community attachment)

EMPLOYMENT STATUS: (select one)

Not a City of Knoxville Employee      Current City of Knoxville Employee      Former City of Knoxville Employee

TYPE OF EMPLOYMENT DESIRED: (select one)

Permanent Full-Time      Permanent Part-Time      Temporary Full-Time      Temporary      Part-Time      Any

**Do Not Write Below This Line -- For Civil Service Use Only**

Employment Status: \_\_\_\_\_ Veteran's Status: \_\_\_\_\_  DD214      Date Received \_\_\_\_\_  
 Date of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of CS Status: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Satisfactory Perf. Rating:  Yes  No  
 Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class Code: \_\_\_\_\_  
 Date of Test: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Test: \_\_\_\_\_ AM PM

Application (signed/dated)     Resume     Transcripts     Diploma     T&E/Supplemental     Licenses/Cert.     Accommodation Request

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Rec'd By: \_\_\_\_\_

Educ. \_\_\_\_\_     Lic./Cert. \_\_\_\_\_     Past Deadline     Enter Score     Application Incomplete     Failed T&E  
 Exp. \_\_\_\_\_     Pref. \_\_\_\_\_     Schedule for Test     Unqualified     Others More Qualified     Other \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT  
CITY OF KNOXVILLE, TENNESSEE**

400 Main Street, Suite 569 - City County Building - P.O. Box 1631 - Knoxville, TN 37901

Telephone: (865) - 215-2106 - Jobline: (865) - 215-2JOB (215-2562) - Telecommunication Device (TDD) (865) - 215-2900

The City of Knoxville provides a public personnel system based on merit principles. Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

**Notice to Applicants with Disabilities:** If you require accommodation(s) in the application or testing process, you must submit a completed City of Knoxville Applicant Accommodation Request form to the Civil Service Office.

**APPLICATION INFORMATION**

<i>Title of Position Desired</i>	<i>Date</i>	<i>CIVIL SERVICE USE ONLY</i>

Are you a current City of Knoxville employee?  Yes  No  
 If yes, please list: \_\_\_\_\_ Hire Date: \_\_\_\_\_

\_\_\_\_\_ Current Job Classification \_\_\_\_\_ Department \_\_\_\_\_ Supervisor

**GENERAL INFORMATION**

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

Street Name \_\_\_\_\_ Apartment No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Business Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Type of License: \_\_\_\_\_

Are you at least 18 years old?  Yes  No, If no employment is subject to verification that you are of minimum legal age.

Have you ever been convicted of any felony, misdemeanor or violation of any law, ordinance, or police regulation (excluding traffic violations)?  No  Yes, If yes, explain fully what, where, and results (i.e., paid fine, served jail sentence, etc.). Conviction will not necessarily disqualify an applicant from employment. The recency, severity, and pertinence **of the conviction to the job** will all be considered. \_\_\_\_\_

**EDUCATION**

Institution	Name	Location (City & State)	Major	Degree/Hours	Year
High School				<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Technical School					
College #1					
College #1					
Graduate School					

**VETERANS ONLY**

Was your discharge other than "Honorable or "Under Honorable" conditions?  No  Yes If yes, explain fully.

Branch of Service: \_\_\_\_\_ Date enlisted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Separation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did you receive a medical discharge?  No  Yes If yes, what is your disability rating? \_\_\_\_\_%

**You must submit a copy of your discharge (DD214) with the application.**

**AN EQUAL OPPORTUNITY EMPLOYER**

## Employment History

**Begin with your current or most recent employer and provide the information requested.**

1.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Name of Supervisor

Job Duties: \_\_\_\_\_

Employment Dates (Mo./Yr.) From \_\_\_\_\_ To \_\_\_\_\_ Annual Salary: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

2.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Name of Supervisor

Job Duties: \_\_\_\_\_

Employment Dates (Mo./Yr.) From \_\_\_\_\_ To \_\_\_\_\_ Annual Salary: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

3.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Name of Supervisor

Job Duties: \_\_\_\_\_

Employment Dates (Mo./Yr.) From \_\_\_\_\_ To \_\_\_\_\_ Annual Salary: Start \$ \_\_\_\_\_ End \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

Additional Skills or Qualifications: \_\_\_\_\_

Have you ever been discharged or asked to resign from any job?  No  Yes If yes, please explain: \_\_\_\_\_

**Read and Sign:** These answers are true and complete to the best of my knowledge. I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration from employment or my immediate discharge if I am hired, regardless of when discovered. I authorize the City of Knoxville to make a thorough investigation of all statements contained in this application, my past employment, education, and job-related activities, and I release from all liability all persons, companies, and corporations supplying such information. I understand that drug testing is required for entry-level appointments.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**This application cannot be processed without a signature.**

**AN EQUAL OPPORTUNITY EMPLOYER**

# EQUIPMENT OPERATOR I TRAINING AND EXPERIENCE QUESTIONNAIRE

PRINT NAME: \_\_\_\_\_

1. Do you currently possess a valid Tennessee Class A Commercial Driver's License (CDL)?

Yes  No

*If you do not currently possess a valid Class A Tennessee CDL, are you eligible to obtain one? As a condition of employment, all Equipment Operators must possess a valid Class A Tennessee CDL. Newly hired/promoted employees who do not currently possess such a license must obtain one during the probation period. Failure to obtain/maintain a valid license may result in dismissal. For information regarding CDL's, contact the Tennessee Department of Safety, Driver Control Division. Knoxville number: (865) 594-6399.*

Yes  No

2. Do you have experience in operating vehicles with attachments such as trailers, air compressors, campers, boats, etc.?

Yes  No

3. Do you have experience in operating vehicles with manual transmissions?

Yes  No

4. Check the ONE statement below which best describes your experience in maintaining vehicles.

- I have experience in performing vehicle maintenance and repair work such as changing various filters, changing belts, checking/changing points and plugs, adjusting timing, replacing water pumps, replacing alternators, etc.
- I have experience in performing routine preventive maintenance tasks such as adding fluids (i.e., engine oil, fuel, hydraulics, coolant, etc.), checking tires, checking for structural damage.
- I have no experience in maintaining vehicles.

5. Below is a list of 21 pieces of equipment. Use the following scale to indicate the amount of experience or training you possess on each piece of equipment.

### SCALE

- A = NO EXPERIENCE OR TRAINING ON THIS EQUIPMENT
- B = 1 TO 11 MONTHS OF EXPERIENCE OR 1 TO 3 TRAINING COURSES
- C = 12 TO 17 MONTHS OF EXPERIENCE OR 4 OR MORE TRAINING COURSES
- D = 18 TO 23 MONTHS OF EXPERIENCE
- E = 24 OR MORE MONTHS OF EXPERIENCE

**CIVIL SERVICE  
USE ONLY**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Equipment

### Amount of Experience (Check one for each item)

- | <u>Equipment</u>              | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Asphalt roller             | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 2. Backhoe                    | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 3. Bobcat (Skid-steer loader) | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 4. Boom-crane truck (stinger) | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 5. Bulldozer                  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 6. Double-axle dump truck     | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |

SCALE

- A = NO EXPERIENCE OR TRAINING ON THIS EQUIPMENT
- B = 1 TO 11 MONTHS OF EXPERIENCE OR 1 TO 3 TRAINING COURSES
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- D = 18 TO 23 MONTHS OF EXPERIENCE
- E = 24 OR MORE MONTHS OF EXPERIENCE

7. Dragline	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
8. Farm-type tractor with hydraulic attachments	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
9. Farm-type tractor with non-hydraulic attachments	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
10. Forklift	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
11. Front-end Loader	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
12. Grade-All	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
13. Grader	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
14. Knuckleboom truck	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
15. Pothole patcher truck	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
16. Semi-truck	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
17. Single-axle dump truck	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
18. Street flusher	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
19. Street sweeper	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
20. Tree spade	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E
21. Vac-All	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E

I certify that all information provided in this Training and Experience Questionnaire is my own and is true and correct in all respects. I understand that any falsification of information or willful misstatement of fact will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the Civil Service Merit Board of the City of Knoxville.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR CIVIL SERVICE USE ONLY**

Points from #1 – #4 \_\_\_\_\_ 5. \_\_\_\_\_ A pts \_\_\_\_\_ B pts \_\_\_\_\_ C pts \_\_\_\_\_ D pts \_\_\_\_\_ E pts

Total Points from T&E (#1-#5) \_\_\_\_\_

Veterans Points (if applicable) \_\_\_\_\_ = Final Points \_\_\_\_\_

Final Converted Score \_\_\_\_\_ Rater Initials: \_\_\_\_\_ Date: \_\_\_\_\_