



**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: _____ <input type="radio"/> DD214	Date Received
Date of Employment: ____/____/____	Date of CS Status: ____/____/____	
Date of Application: ____/____/____	Satisfactory Perf. Rating: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Test: ____/____/____	Class Code: _____	
	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**

# TRANSPORTATION OFFICER TRAINING AND EXPERIENCE QUESTIONNAIRE

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**Applicant Name:** \_\_\_\_\_ **Social Security #:** \_\_\_ - \_\_\_ - \_\_\_\_

**INSTRUCTIONS:** You are to provide information about your training and experience as it relates to specific job tasks that have been identified as part of the Transportation Officer job. The information you provide on this questionnaire will be scored. This score will contribute 50% to your final grade.

### READ AND SIGN BEFORE CONTINUING.

I certify that all information provided in the 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 employment subject to the jurisdiction of the Civil Service Merit Board of the City of Knoxville. I further understand that if I am employed and the information is found to be false in any way, I may be subject to dismissal. I also understand that alcohol and drug testing is required for entry-level appointments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### SPECIAL ABILITIES

(Check one)

How well are you able to:

- |  |  |
|--|--|
| follow <u>oral</u> instructions?                                   | <input type="checkbox"/> very well <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |
| read and follow <u>written</u> instructions?                       | <input type="checkbox"/> very well <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |
| get along with other employees?                                    | <input type="checkbox"/> very well <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |
| read and interpret a city map?                                     | <input type="checkbox"/> very well <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |
| wash and clean a transportation vehicle with a high pressure hose? | <input type="checkbox"/> very well <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor |

**I. RADIO OPERATIONS**

**(Check one)**

- I have no experience in radio operations.
- I have experience monitoring a police scanner.
- I have less than one year of experience operating a two-way radio.
- I have more than one year of experience operating a two-way radio.

**Where did you receive this training or experience?**

Name of school or employer	Contact person	City	State	Zip Code
Your title		Dates attended or employed		

**II. TRANSPORTATION OF PRISONERS**

**(Check one)**

- I have no experience in the transportation of persons.
- I have experience in the transportation of persons in a non-law enforcement setting.
- I have less than one year of experience in the transportation of prisoners.
- I have more than one year of experience in the transportation of prisoners.

**Where did you receive this training or experience?**

Name of school or employer	Contact person	City	State	Zip Code
Your title		Dates attended or employed		

**III. SUBDUING PRISONERS**

**(Check one)**

- I have no experience or training in subduing violent or resistive prisoners.
- I have experience subduing violent or resistive persons in a non-law enforcement setting.
- I have experience in subduing violent or resistive persons in a law enforcement setting.

**Where did you receive this training or experience?**

Name of school or employer	Contact person	City	State	Zip Code
Your title		Dates attended or employed		