

PLEASE READ BEFORE COMPLETING THE APPLICATION

Instructions for completing an application for City of Pigeon Forge:

You are viewing this page because you have clicked on the link to complete an application. Stop and read these instructions before completing the application so it will be submitted correctly.

- 1.) You are currently viewing the application through your internet web browser. In order to use the signature and submit function in this application, you must download it into Adobe.
- 2.) Once you have downloaded the application and are using Adobe software to complete, you may begin filling in the application. If there is not a download option on your web browser than do a save as file to adobe and save to desktop.
- 3.) Once application is complete, you will provide a signature on the last page. When you select the box for signature another box should pop up asking you to create signature. Once your signature is completed, you will enter the date.
- 4.) Next you will click the submit button. Then an email box will appear with the application attached and an address to send it to the City of Pigeon Forge HR Dept.
- 5.) If you have any additional attachments such as a resume or certificates, you can add them at this time before hitting send.
- 6.) When you are finished with the file, click the send button. The HR Dept will confirm the email was received within a few days by replying to email.

There are other options to submit your application if you don't have the necessary tools to complete it as instructed above:

- You may fill in the application through the internet, then print the application and mail it to City of Pigeon Forge, Attn: HR Dept, PO Box 1350, Pigeon Forge, TN 37868.
- You may also print the blank application and complete it manually and mail it to City of Pigeon Forge, Attn: HR Dept, PO Box 1350, Pigeon Forge, TN 37868.
- If you are not able to access the application online at all, you may pick up an application as indicated on the job posting.

If you have further questions about completing the application, please contact the Human Resource Department at 865-453-9061.



CITY OF PIGEON FORGE APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or any other legally protected status.

Position(s) Applied for:

Date of Application:

How did you learn about us?

Newspaper

Website

Relative

Friend

Current Employee (name) _____

Other _____

Last Name:

First Name:

Middle Name:

Address:

Number

Street

City

State

Zip Code

Telephone Number(s):

Best time to Contact:

E-mail address:

Driver's License Information:

Your name as stated on License: _____

Drivers License Number _____ State: _____ Class: _____

Endorsement: _____ Restrictions: _____ CDL: Yes No

Are you 18 years or older?	Yes	No
Have you ever been employed with us before? If yes, give date _____	Yes	No
Do any of your friends or relatives work here? If yes, give name/Relationship _____	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	Yes	No
Date available to work ___/___/___	What is your desired salary range? _____	
Are you available to work:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, certifications, computer software experience that you have.
If applicable, please describe any military service you have had including any related skill and/or training received.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer:	Dates Employed		Work Performed:
Address:	From:	To:	
Telephone Number(s):	Hourly Rate/Salary		
Supervisor:	Starting:	Final:	
Job Title:			
Reason for leaving:			

Employer:	Dates Employed		Work Performed:
Address:	From:	To:	
Telephone Number(s):	Hourly Rate/Salary		
Supervisor:	Starting:	Final:	
Job Title:			
Reason for leaving:			

Employer:	Dates Employed		Work Performed:
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