

APPLICATION FOR EMPLOYMENT

With the City of Mountain Home Arkansas

(Application Must be Printed in Ink or Typewritten)

I am Applying for _____ position in _____ Department.

Wage / salary desired \$ _____ Date available for work _____

PERSONAL INFORMATION

Name: (Last) _____ (First) _____ (Middle) _____ Date _____

Address _____

_____ From _____ To _____
Previous Address (Provide if current address is less than two years)

Phone Number _____ Social Security Number _____

Are you 18 years of age or older: _____ Yes _____ No

Are you presently employed: _____ Yes _____ No

May we contact your present employer for reference: _____ Yes _____ No

Have you ever worked for the City of Mountain Home? _____ Yes _____ No

In _____ Department from _____ to _____ (give dates).

I know the following people employed by the City of Mountain Home:

First/Last Name	Position	Relationship
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Have you ever been convicted of a felony? _____ Yes _____ No

(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

Do you have the legal right to work and remain in the United States? _____ Yes _____ No

If yes, can you produce evidence of U.S. citizenship or legal work status within three (3) days?

_____ Yes _____ No

Can you perform the duties of the job for which you are applying? _____ Yes _____ No

EDUCATION RECORD

HIGH SCHOOL

Name _____

Location _____

Years Completed _____ Did you graduate? _____ If "No", do you have a GED _____

COLLEGE

Name _____

Location _____

Years Completed _____ Major _____ Degree _____

BUSINESS SCHOOL

Name _____

Location _____

Years Completed _____ Course of Study _____

Certificate/Degree Earned _____

TRADE OR OTHER SCHOOLS

Name _____

Location _____

Years Completed _____ Course of Study _____

Certificate/Degree Earned _____

OTHER SCHOOLS ATTENDED AND/OR SPECIAL EDUCATIONAL ACHIEVEMENTS

List all licenses you hold: (Drivers, Electricians, First Aid, CPR, EMT, etc.)

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

EMPLOYMENT HISTORY

List all employment (including military service for at least the past five (5) years). Begin with your most recent and work back. Include explanation of any gaps in employment. Attach additional sheets or resume to provide sufficient qualifying experience data.

Company Name _____		Address _____	
City _____	State _____	Zip _____	Telephone _____
From _____	To _____	Job Title _____	
Primary Responsibilities _____		Hourly Rate/Salary _____	
Name of Direct Supervisor _____		Telephone _____	
Reason for Leaving _____			

Company Name _____		Address _____	
City _____	State _____	Zip _____	Telephone _____
From _____	To _____	Job Title _____	
Primary Responsibilities _____		Hourly Rate/Salary _____	
Name of Direct Supervisor _____		Telephone _____	
Reason for Leaving _____			

Company Name _____		Address _____	
City _____	State _____	Zip _____	Telephone _____
From _____	To _____	Job Title _____	
Primary Responsibilities _____		Hourly Rate/Salary _____	
Name of Direct Supervisor _____		Telephone _____	
Reason for Leaving _____			

Company Name _____		Address _____	
City _____	State _____	Zip _____	Telephone _____
From _____	To _____	Job Title _____	
Primary Responsibilities _____		Hourly Rate/Salary _____	
Name of Direct Supervisor _____		Telephone _____	
Reason for Leaving _____			

Company Name _____		Address _____	
City _____	State _____	Zip _____	Telephone _____
From _____	To _____	Job Title _____	
Primary Responsibilities _____		Hourly Rate/Salary _____	
Name of Direct Supervisor _____		Telephone _____	
Reason for Leaving _____			

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Mountain Home? Specify office equipment, software, machines, computers you can operate.

REFERENCES

Give the names and addresses/phone numbers of three (3) persons, other than relatives, who have knowledge of your character, experience or ability:

Name	Address/Phone Number	Occupation

CERTIFICATION AND CONSENT

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize former employers to release to the City of Mountain Home or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the City. A photocopy of this authorization shall be as valid as the original.

I understand that this appointment will be at the discretion of the director concerned, subject to the approval of the (chief administrative office) and that this application is the property of the City and will become a part of my file if I am accepted for employment.

I further understand that the City requires a medical examination by a City-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity and for job related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of such test results to appropriate City personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated. Department may require additional testing relating to position.

Signature of Applicant: _____

Date _____