

APPLICATION FOR EMPLOYMENT
"EQUAL OPPORTUNITY EMPLOYER"

THE CITY OF HORSESHOE BEND

704 West Commerce Street
Horseshoe Bend, Arkansas 72512
Tel. 501-670-5113

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

Mailing Address: _____

Telephone number where you may be reached or a message may be left for you. _____

Email address: _____

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

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

From _____ To _____ Job Title _____ Annual Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Description of Work _____

From _____ To _____ Job Title _____ Annual Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Description of Work _____

From _____ To _____ Job Title _____ Annual Salary _____

Firm Name _____ Address _____

Reason for Leaving _____ Description of Work _____

Education: _____

Did you graduate from high school: () yes () no, Last grade completed _____

College, University, Trade, Business Correspondence School	Dates of Attendance	Major Areas of Study	Semester Hours	Degrees Granted	Date left or graduated
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Can you perform the duties of the job for which you are applying? ____ Yes or ____ No.

If no, please explain:_____

List all licenses you hold: (Drivers, electricians, etc.)

Type_____Number_____Expiration Date_____

Type_____Number_____Expiration Date_____

Specify equipment or office machines you operate:_____

Are you related to any member of the city council or any person now in the employ of the city: ()yes ()no

If yes, give person's name, where employed, and relationship to you:_____

Person to be notified in case of emergency:_____

	Name	Address
Telephone	_____	_____

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

Name	Address	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate any additional experience and training you have had which in your opinion would qualify you for the position you seek._____

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 for any specific period of time.

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 any former employer to release to the city 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 department head concerned, subject to the approval of the (chief administrative officer) and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant:_____