

APPLICATION FOR EMPLOYMENT

City of Searcy
401 West Arch
Searcy, AR 72143
501-268-2483



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Applicant Information

Full Name:			
Last:	First:	MI:	Date:
Address:			
Phone: ())		E-mail Address:	
Date Available:	Desired Salary: \$	Type of work (general labor/CDL driver /clerical/fire fighter/other):	
Departments interested in:			
If you are under 18 years of age, can you provide required proof of your eligibility to work? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do any of your relatives work here? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, please list:	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:	

Education

High School:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References

NAME	ADDRESS	PHONE #
1.		
2.		
3.		

Previous Employment

Company:		Phone:())	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary:\$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone :())	
Address:		Supervisor:	
Job Title:	Starting Salary:\$	Ending Salary:\$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone :())	
Address:		Supervisor:	
Job Title:	Starting Salary:\$	Ending Salary:\$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please list any job-related skills and qualifications

Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

ADDITIONAL INFORMATION

Please state any additional information you feel may be helpful to us in considering your application:

SPECIALIZED SKILLS

_____ PC/MAC	PRODUCTION/MOBILE MACHINERY (LIST)	OTHER (LIST)
_____ TYPING	_____	_____
_____ WORD	_____	_____
_____ EXCEL	_____	_____
_____ POWERPOINT	_____	_____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered for a period of time not to exceed six (6) months.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Consent to Release Information

I, _____, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Searcy to include the following:

- (A) Date and duration of employment;
- (B) Current pay rate and wage history;
- (C) Job description and duties;
- (D) The last written performance evaluation prepared to the date of the request;
- (E) Attendance information;
- (F) Results of drug or alcohol tests administered within one (1) year prior to the request;
- (G) Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- (H) Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- (I) Whether I am eligible for rehire.

PRINTED NAME

SIGNATURE

This consent is valid from today's date _____,
for twelve (12) months through _____.