


FOR OFFICE USE ONLY			FOR OFFICE USE ONLY	
Possible Work Location	Possible Position		Work Location:	Rate:
			Position:	Date:

## City of Bull Shoals Application for Employment

To Applicant: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(PLEASE PRINT PLAINLY)

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Personal Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Social Security No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
No Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, hire is subject to verification that you are of minimum legal age.

Position applying for \_\_\_\_\_

Were you previously employed by us? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work?  
 \_\_\_\_\_

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any relatives that work for the City of Bull Shoals? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is their name, relationship and department they work in? \_\_\_\_\_  
 \_\_\_\_\_

Have you been convicted of a major crime (felony)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give the conviction date and nature of offense. \_\_\_\_\_

A conviction will not necessarily bar employment.

## EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent.

1

Name and Address of Company, of Company	Type	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							

2

Name and Address of Company, of Company	Type	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							

3

Name and Address of Company, of Company	Type	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							

For more work history, use back of this sheet.

I hereby give permission to contact the employers listed above concerning my prior work experience.

School	Name and Address of School	Course of Study	Circle last year completed				Did you graduate?		List Diploma or Degree.
			5	6	7	8	Yes	No	
Elementary		<b>X</b>							<b>X</b>
High			1	2	3	4			
College			1	2	3	4			
Other (Specify)			1	2	3	4			

**PERSONAL REFERENCES (Not Former Employer's or Relatives)**

Name and Occupation	Address	Phone Number

May we call you to follow up on this application at home?      Yes \_\_\_\_\_      No \_\_\_\_\_  
 If yes, what is the best time to call: \_\_\_\_\_

May we call you to follow up on this application at work?      Yes \_\_\_\_\_      No \_\_\_\_\_  
 If yes, what is the best time to call: \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

\_\_\_\_\_  
Signature of Applicant

CONSENT FORM

I, \_\_\_\_\_, hereby give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to the City of Bull Shoals of Bull Shoals, Arkansas. This consent is given in accordance with Act 174 of the 1999 General Assembly of the State of Arkansas.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT**

PLEASE READ BEFORE SIGNING

IF YOU HAVE ANY QUESTIOS REGARDING THIS STATEMENT, PLEASE ASK THEM OF THE INTERVIEWER BEFORE SIGNING.

In the event of my employment aby the City of Bull Shoals, I will comply with all the rules and regulations set forth in the employee manual and other communications available to all employees.

In processing this employment application, I understand that the City of Bull Shoals may request an investigative consumer report be prepared. This report may include information as to my character and general reputation. It may also include (1) a credit bureau report to ensure that I have good credit, and (2) an investigative report from the police department and FBI to ensure that I have no criminal record. I have the right to request that the City of Bull Shoals disclose to me the nature and scope of this application.

I understand that this application will remain active for 30 days and that, if employed, I will be on probationary status for up to one year in accordance with the City of Bull Shoals personnel policy manual.

I hereby acknowledge that I have read the above statement, understand the same, and certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or for dismissal after employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Drivers License #

\_\_\_\_\_  
State Issued

\_\_\_\_\_  
Birthdate for referenced reporting