FOR OFFICE USE ONLY		CITY	FOR OF	FICE USE ONLY
Possible Work Locations	Possible Positions	OF BULL SHOALS ARKANSAS	Work Location	Rate
			Position	Date

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)								
PERSONAL	Date								
	Last First Middle Social Security No Telephone No								
	Address								
	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 ag								
	Position (s) applied 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?								
	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 do they work in								
	To employer: The right to ask questions concerning convictions varies from state to state and is subject to change. If you wish the applicant to answer the following questions, and are legally permitted to do so, please check the box next to the questions and fill in the legally appropriate time period for you state.								
	Have you been convicted of a major crime (felony)? Yes No If yes, please give the conviction date and Nature of the offense								
	A conviction record will not necessarily bar employment.								

EMPLOYMENT HISTORY

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

Name and Address of Company and Type of Business Name and Address of Company and Type of Business From To Weekly Weekly Last Leaving Superviso	or .
Describe the work you did: Telephone Name and Address of Company and Type of Business Name and Address of Company and Type of Business Name and Address of Company and Type of Business Name and Address of Company and Type of Business Describe the work you did: Telephone Name and Address of Company and Type of Business Describe the work you did: Telephone Name and Address of Company and Type of Business Describe the work you did: Telephone Name and Address of Company From To Weekly Salary Leaving Supervise Describe the work you did:	1
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Name and Address of Company Station Last Reason for Name	
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and Type of Business Mo. Yr. Mo. Yr. Salary Salary Leaving Supervi	
Describe the work you did:	
Telephone	
relephone	
I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below	
Employer I? Yes No	w.
Employer II? Yes No	w.
Employer III? Yes No	w.
Employer IV? Yes No	w.

RECORD OF EDUCATION

School	Name and Address of School	ol	Course of Study		cle L Year nple		Did You Graduate	
Elementary				5	6 7	8	☐ Yes ☐ No	
High				1	2 3	4	☐ Yes ☐ No	
College				4-	2 3	4	□ Yes □ No	
Olher				1	2 3	4	. Cl Yes	
(Specify)								
	PERSONAL REF	ERENCES	(Not Former Employ	rers	or A	elativ	1-	
	PERSONAL REF	ERENCES	(Not Former Employ		or Fl	elativ	1-	Phone Number
		ERENCES			or A	elativ	1-	Phone Number
		FERENCES			or A	elativ	1-	Phone Number
		FERENCES			or Ar	blativ	1-	Phone Number
		ERENCES			or A	blativ	1-	Phone Number
(Specify) May we telep		on at home? Y	Address		or R	Hativ	1-	Phone Number
(Specify) May we telep If yes, what i	Name and Occupation phone you to follow up on this application is the best time to call?	on at home? You at work? Ye	Address es No		or R	elativ	1-	Phone Number
May we telep If yes, what i May we telep If yes, what i	Name and Occupation phone you to follow up on this application is the best time to call?	on at home? You at work? Ye	Address es No		or A	blativ	1-	Phone 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.

Si	ona	ture	01	Applicant	

ACKNOWLEDGEMENT

PLEASE READ BEFORE SIGNING.

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

In the event of my employment by 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 police 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 such investigation if I make the request within a reasonable time after completing 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 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.

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CONSENT FORM

I,	hereby give consent to any and all previous arding my employment with previous employers to sas. This consent is given in accordance with Act of Arkansas.
Signature of Applicant	Date