

EMPLOYMENT HISTORY

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

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

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

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

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

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

Employer I? Yes _____ No _____

Employer II? Yes _____ No _____

Employer III? Yes _____ No _____

Employer IV? Yes _____ No _____

Signed _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree			
Elementary		X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes___ No___

If yes, what is the best time to call? _____

May we telephone 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

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.

Signature of Applicant

Date

Birthdate for referenced reporting

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