

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position Applied for: _____ Date: _____

How Did You Learn About Us:

Advertisement: _____ Friend: _____ Walk-In: _____ Employment Agency: _____

Relative: _____ Other: _____

Last Name: _____ First: _____ MI: _____

Address: _____ City, State, Zip: _____

Telephone: _____ SS # _____ DL # _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No

Have you ever filed an application with us before? _____ Yes _____ No

If yes, give date: _____

Have you ever been employed with us before? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* _____ Yes _____ No

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? *Conviction will not necessarily disqualify an applicant from employment.* _____ Yes _____ No

If yes, please explain: _____

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 active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company 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 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 the Company.

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 Signed

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the required information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Voluntary Survey

(PLEASE PRINT)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name: _____

Address: _____

City, State, Zip: _____

Social Security #: _____

Current Job: _____

Check one: Male Female Age

Check one of the following: (Ethnic Origin)

White Black Hispanic Other

American Indian/Alaskan Native Asian/Pacific Islander

Check If Any Of The Following Are Applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1) Employer: _____
Address: _____
Telephone: _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Work Performed: _____

2) Employer: _____
Address: _____
Telephone: _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Work Performed: _____

3) Employer: _____
Address: _____
Telephone: _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Work Performed: _____

4) Employer: _____
Address: _____
Telephone: _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Work Performed: _____

5) Employer: _____
Address: _____
Telephone: _____
Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Work Performed: _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

CITY OF HEBER SPRINGS

1001 West Main Street
Heber Springs, Arkansas 72543

Clerk/Treasurer
1-501-362-8445

DRIVER VERIFICATION FORM

To the attention of: _____

Company: _____

Drivers Name: _____ SSN/DL _____

Dates of Employment: _____ to _____

Reason for separation:

Voluntary Quit - Discharged

Eligible for rehire: Yes No Upon Review N/A

If no, why? _____

Date	DOT	Accident/Incident Information Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the past 3 years has the above named:

1. Tested positive for a controlled substance? Yes/No
2. Had an alcohol test with a Breath Alcohol level of .04 or greater? Yes/No
3. Refused a required test for drugs or alcohol? Yes/No
4. Violated other DOT drug/alcohol regulations? Yes/No
5. Have you as a company received information from a previous employer that this driver violated DOT drug/alcohol regulations? Yes/No

I hereby authorize release of alcohol and controlled substance testing information as required by 49 CFR P 382.413, P382.405(f) to the City of Heber Springs and agree to hold harmless all parties from any and all liability in connection with this release.

Driver's Signature: _____ Date _____

Mail this form to the above address or fax it to Mayor City of Heber 501-250-0844