

CITY OF BATESVILLE
APPLICATION FOR EMPLOYMENT
Please **PRINT** and complete entire application

Date of Application: ____/____/____

Position Applied for: _____ Desired Starting Salary: _____

Type of employment desired: _____ Full Time _____ Part Time _____ Temporary _____ No Preference

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Name: _____ Social Security # _____ - _____ - _____
Last First Middle

Address: _____
Street City State Zip

How long at present address? _____

Telephone Numbers: Home () _____ - _____ Business () _____ - _____

Other: Specify _____ () _____ - _____

Have you ever been employed by the City before? _____ Yes _____ No

If "Yes", give position, location and dates: _____ From _____ To _____

Do you have a relative(s) currently employed with the City? _____ Yes _____ No

If "Yes" please give names: _____

Have you ever worked under another name? _____ Yes _____ No. If "Yes", please indicate: _____

Are you at least 18 years of age? _____ Yes _____ No If under 18, see parental consent form attached.

Are you legally eligible for employment in this country? _____ Yes _____ No
(Proof of U.S. citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony, or are you presently charged with any felony violations of law? _____ Yes _____ No (Such conviction may be relevant if job related, but may not necessarily bar you from employment) If "Yes", please explain: _____

Can you perform the duties of the job for which you are applying? _____ Yes _____ No

If a conditional offer of hire is made, will you undergo a drug test and possible physical? _____ Yes _____ No

Have you ever been discharged from a job or forced or asked to resign? _____ Yes _____ No

If "Yes", please explain: _____

Do you currently have a valid Arkansas Driver's License? _____ Yes _____ No
Driver's License No. _____ State _____

EDUCATION BACKGROUND

List Schools Attended:

Education	Name & Location	Yr Grad.	Major / Minor	Diploma / Degree
High School				
College / Univ.				
College / Univ.				
Other Training Education; Including Tech Schools				

License / Certification Number: _____ State of Issue: _____

REFERENCES

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Address	Telephone Number	Years Known

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal gender, race, color, religion, national origin, age, ancestry, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal gender, race, color, religion, national origin, age, ancestry, disability or other protected status.)

List any additional information you would like us to consider, including skills and qualifications acquired from employment or other experiences that may qualify you for work with the City.

Have you ever received any type of discipline, either oral or written, for violation of a prior employer's safety rules? _____ Yes _____ No If "Yes", please explain: _____

If the job you are applying for requires a professional license or certification, please provide the following.

Type: _____ No _____ State of Issue: _____

Is license or certification current and in good standing? _____ Yes _____ No

Has your license or certification ever been suspended, revoked, or put on probation by any regulatory authority? _____ Yes _____ No If "Yes", please explain: _____

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain gaps in employment in the comments section below.

Employer:	Telephone:	Employment Dates
Address:		From: _____
Job Title:		To: _____
Job Description:		Starting Salary: _____ Final Salary: _____
Immediate Supervisor & Title:		May we contact references? ___ Yes ___ No ___ Later
Reason for Leaving:		
Employer:	Telephone:	Employment Dates
Address:		From: _____
Job Title:		To: _____
Job Description:		Starting Salary: _____ Final Salary: _____
Immediate Supervisor & Title:		May we contact references? ___ Yes ___ No ___ Later
Reason for Leaving:		
Employer:	Telephone:	Employment Dates
Address:		From: _____
Job Title:		To: _____
Job Description:		Starting Salary: _____ Final Salary: _____
Immediate Supervisor & Title:		May we contact references? ___ Yes ___ No ___ Later
Reason for Leaving:		
Employer:	Telephone:	Employment Dates
Address:		From: _____
Job Title:		To: _____
Job Description:		Starting Salary: _____ Final Salary: _____
Immediate Supervisor & Title:		May we contact references? ___ Yes ___ No ___ Later
Reason for Leaving:		
Employer:	Telephone:	Employment Dates
Address:		From: _____
Job Title:		To: _____
Job Description:		Starting Salary: _____ Final Salary: _____
Immediate Supervisor & Title:		May we contact references? ___ Yes ___ No ___ Later
Reason for Leaving:		

Comments (including explanation of any gaps in employment) _____

EMPLOYEE STATEMENT

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my applications will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of Batesville or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be as valid as the original.

I understand that my appointment will be at the discretion of the department head, subject to the approval of the (chief administrative officer) and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant: _____

Date of Signature: _____

CONSENT FOR MINOR

I _____ do hereby give my permission for the above signed minor to apply for employment with the City of Batesville. I also give my permission for the above signed minor to undergo a drug test if a conditional offer of hire is made. I also understand and give my consent, that if hired, the above signed minor will participate in the City's Drug and Alcohol-Free Workplace Policy. A copy of this policy is available for viewing Monday through Friday, 8:00 a.m. to 5:00 p.m. at the Batesville Municipal Building, 500 E. Main Street.

Signature: _____

Relationship to applicant: _____

Date of Signature: _____
