

**CITY OF MOUNTAIN HOME ARKANSAS**  
**APPLICATION FOR EMPLOYMENT**

(Must be Printed in Ink or Typed)

Our policy is to comply with all applicable State and Federal laws prohibiting discrimination in employment based on race, age, religion, national origin, disability status or other legally protected status.

I am Applying for \_\_\_\_\_ position in \_\_\_\_\_ Department.

Wage / salary desired \$ \_\_\_\_\_ When can you start work? \_\_\_\_\_

**PERSONAL INFORMATION**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone number where you can be reached or a message left for you: \_\_\_\_\_

Are you under the age of 18?     Yes     No

Have you ever worked for the City of Mountain Home?     Yes     No

In \_\_\_\_\_ Department from \_\_\_\_\_ to \_\_\_\_\_ (give dates).

I know the following people employed by the City of Mountain Home:

First/Last Name	Position	Relationship
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First/Last Name	Position	Relationship
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First/Last Name	Position	Relationship
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First/Last Name	Position	Relationship
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Do you have the legal right to work and remain in the United States?     Yes     No

If yes, can you produce evidence of U.S. citizenship or legal work status within three (3) days?

Yes     No

Can you perform the duties of the job for which you are applying with or without reasonable accommodation?     Yes     No

If No, will you need any accommodations? Explain: \_\_\_\_\_

Please attach additional pages if more space is needed.

# EDUCATION RECORD

## HIGH SCHOOL

Name \_\_\_\_\_

Location \_\_\_\_\_

Years Completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_ If "No", do you have a GED \_\_\_\_\_

## COLLEGE

Name \_\_\_\_\_

Location \_\_\_\_\_

Years Completed \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

## BUSINESS SCHOOL

Name \_\_\_\_\_

Location \_\_\_\_\_

Years Completed \_\_\_\_\_ Course of Study \_\_\_\_\_

Certificate/Degree Earned \_\_\_\_\_

## TRADE OR OTHER SCHOOLS

Name \_\_\_\_\_

Location \_\_\_\_\_

Years Completed \_\_\_\_\_ Course of Study \_\_\_\_\_

Certificate/Degree Earned \_\_\_\_\_

## OTHER SCHOOLS ATTENDED AND/OR SPECIAL EDUCATIONAL ACHIEVEMENTS

Do you have a current commercial driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO

List all licenses you hold: (Drivers, Electricians, First Aid, CPR, EMT, etc.)

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

## EMPLOYMENT HISTORY

List all employment (including military service for at least the past five (5) years). Begin with your most recent and work back. Include explanation of any gaps in employment. Attach additional sheets or resume to provide sufficient qualifying experience data.

<b>Company Name</b> _____	Address _____
City _____	State _____ Zip _____ Telephone _____
From _____	To _____ Job Title _____
Primary Responsibilities _____	
Name of Direct Supervisor _____	Telephone _____
Reason for Leaving _____	

<b>Company Name</b> _____	Address _____
City _____	State _____ Zip _____ Telephone _____
From _____	To _____ Job Title _____
Primary Responsibilities _____	
Name of Direct Supervisor _____	Telephone _____
Reason for Leaving _____	

<b>Company Name</b> _____	Address _____
City _____	State _____ Zip _____ Telephone _____
From _____	To _____ Job Title _____
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<b>Company Name</b> _____	Address _____
City _____	State _____ Zip _____ Telephone _____
From _____	To _____ Job Title _____
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Reason for Leaving _____	

<b>Company Name</b> _____	Address _____
City _____	State _____ Zip _____ Telephone _____
From _____	To _____ Job Title _____
Primary Responsibilities _____	
Name of Direct Supervisor _____	Telephone _____
Reason for Leaving _____	

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Mountain Home? Specify office equipment, software, machines, computers you can operate.

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## REFERENCES

Give the names and addresses/phone numbers of three (3) persons, other than relatives, who have knowledge of your character, experience or ability:

Name	Address/Phone Number	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CERTIFICATION AND CONSENT

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 understand that no representation, whether oral or written, by any representative or agent of the City of Mountain Home, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the City of Mountain Home has the authority to enter into an agreement for employment for any specified period of time or to make any changes in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Mayor. I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either the City of Mountain Home or me without prior notice to the other, unless otherwise prohibited by law.

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 application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize former employers to release to the City of Mountain Home 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 this appointment will be at the discretion of the department head, subject to the approval of the mayor and that this application is the property of the City and will become a part of my file if I am accepted for employment.

I also understand that employment with the City of Mountain Home is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I further understand that the City requires a medical examination by a City-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and, (2) during the course of my employment as required by business necessity and for job related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of such test results to appropriate City personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated. Additional testing may be required relating to the position.

**Signature of Applicant:** \_\_\_\_\_

**Date of signature:** \_\_\_\_\_