

APPLICATION FORM

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The City of Texarkana, Arkansas does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped status, or any other legally protected status.

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. The City of Texarkana may change wages, benefits, and conditions of employment at any time. If you need assistance in completing this application for or in participating in the selection process, please speak with Personnel.

Position Desired:		Date of application:	
Date available for work: _____			
Are you available to work ___ full time ___ part time ___ shifts ___ weekends ___ nights			
(If part time, what hours and days):			
Social Security #:			
Last Name:		First:	MI:
Street Address:		Home Phone:	
City, State, Zip:		Business Phone:	
If you are under 18 years of age, can you provide proof of your eligibility to work? ___ Yes ___ No			
Have you ever worked for this City? ___ Yes ___ No			
If yes, give prior name, dates and reason for leaving:			
Are you legally eligible to work in the United States? ___ Yes ___ No			
<i>Verification will be required upon employment and failure to furnish documentation will be cause for separation.</i>			
List all licenses you hold: (Drivers, electricians, etc.)			
Type _____	Number _____	Exp. Date _____	
Type _____	Number _____	Exp. Date _____	
Are you related to any city employee or any member of the City Board of Directors? ___ Yes ___ No			
If so, give name, department, and relationship:			

Have you ever been convicted of a felony in the last 7 years or are you currently charged with the commission of a felony? Yes No If yes, state what, when, and how: *(Note: This information does not in itself disqualify you for employment.)*

Military Service: Branch: Date of entry:

Indicate specific military experience or training that is job related:

In accordance with the American with Disabilities Act, the City of Texarkana will make reasonable accommodation for individuals qualified to perform all essential aspects of the job function. After reviewing the essential job functions from the attached job description, are you able to do them?

Yes No If No, please explain: _____

EDUCATIONAL RECORD

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

EMPLOYMENT EXPERIENCE

Begin with current or later employment.

1. Employer, Address:	Date Started:	To:	Work Performed:
Telephone:	Hourly <u>Rate/Salary</u>	Hourly <u>Rate/Salary</u>	
Job title:	Starting:	Final:	
Supervisor:			
Reason for leaving:			
2. Employer, Address:	Date Started:	To:	Work Performed:
Telephone:	Hourly <u>Rate/Salary</u>	Hourly <u>Rate/Salary</u>	
Job title:	Starting:	Final:	
Supervisor:			
Reason for leaving:			
3. Employer, Address:	Date Started:	To:	Work Performed:
Telephone:	Hourly <u>Rate/Salary</u>	Hourly <u>Rate/Salary</u>	
Job title:	Starting:	Final:	
Supervisor:			
Reason for leaving:			
4. Employer, Address:	Date Started:	To:	Work Performed:
Telephone:	Hourly <u>Rate/Salary</u>	Hourly <u>Rate/Salary</u>	
Job title:	Starting:	Final:	
Supervisor:			
Reason for leaving:			

Specify equipment or office machines you operate: _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:

ADDITIONAL INFORMATION

Review the attached minimum qualifications and indicate any additional experience and training you have had which in your opinion would qualify you for the position you seek.

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 for any specific period of time.

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 any former employer to release to the City or its authorized representation 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 evaluation my application for employment with the City. A photocopy of this authorization shall be as valid as the original.

I understand 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: _____

(Unsigned applications will be disqualified.)

APPLICANT INFORMATION FOR RECORD KEEP REQUIREMENTS

The City of Texarkana, Arkansas is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with the City of Texarkana, Arkansas.

Position in which you have applied: _____

Date of application: _____

SEX AND RACE/ETHNIC IDENTIFICATION

SEX: Male Female (Check One)

RACE/ETHNIC: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows:
(Please check the category which identifies your race/ethnic background.)

WHITE: (not of Hispanic origin)—All persons having origin in any of the original peoples of Europe, North America, or the Middle East.

BLACK: (not of Hispanic origin)—All persons having origin in any of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands (i.e. China, Japan, Korea, the Philippine Islands and Samoa)

AMERICAN INDIAN

or

ALASKAN NATIVE: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.

NOTE: The information provided on this form will be kept separate from the employment application form.