

**EMPLOYMENT APPLICATION**



**An Equal Opportunity Employer**

**For The**  
**CITY OF HARRISON**  
**P O Box 1715**  
**Harrison, AR 72602**  
**(870)-741-2777**

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

Note: Please type or print your answers. If you print, use black or blue ink. Please write legibly.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

If necessary, best time to call you at home \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

If yes, work number and best time to call? \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_

Have you submitted an application before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Date available for work \_\_\_\_\_ Desired salary range \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal

Are you related to any City Official or City Employee? \_\_\_\_\_ Yes No \_\_\_\_\_ If yes, please indicate name and relationship \_\_\_\_\_

Will you travel if job requires it? \_\_\_\_\_ Are you able to meet the attendance requirements of the position? \_\_\_\_\_

Will you work overtime if required? \_\_\_\_\_ If no, please explain \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? \_\_\_\_\_

If yes, please provide date(s) and details \_\_\_\_\_

Answering "yes" to any of these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.

## EMPLOYMENT HISTORY

List your complete employment record for the last ten years. Start with your present or most recent employer. If you do not have enough space to complete ten years, attach a supplemental sheet.

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Salary \_\_\_\_\_  
Job Title & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Salary \_\_\_\_\_  
Job Title & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Salary \_\_\_\_\_  
Job Title & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Salary \_\_\_\_\_  
Job Title & Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## EDUCATION

Starting with your most recent school attending, provide the following information.

School \_\_\_\_\_ City/State \_\_\_\_\_  
Number of Years Completed \_\_\_\_\_ Degree Completed \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_  
Number of Years Completed \_\_\_\_\_ Degree Completed \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_  
Number of Years Completed \_\_\_\_\_ Degree Completed \_\_\_\_\_

## ADDITIONAL INFORMATION

List professional, business or civic association and any offices held; special accomplishments or awards.

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Driver's license number, if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

**REFERENCES**

Name	Title	Relationship	Telephone	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**CERTIFICATION & AUTHORIZATION**

I hereby certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contract and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the mayor.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CERTIFICATION AND AUTHORIZATION.**

I certify that I have read, fully understand and accept all terms of the foregoing Certification and Authorization.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT INFORMATION FOR RECORD KEEPING REQUIREMENTS**

(Answer All Questions and Please Print)

The City of Harrison 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 Harrison.

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**SEX AND RACE/ETHNIC IDENTIFICATION**

SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female

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 America or other Spanish culture or origin, regardless of race.
- (    ) ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands (Example: China, Japan, Korea, the Philippine Islands and Samoa).
- (    ) AMERICAN INDIAN OR ALASKAN NATIVE: All person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation of community recognition.

I understand that I am protected by various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion, age, and, in some circumstances, disability or veteran status. I further understand that the information contained in this form is to be used solely in equal employment record keeping, reporting and other legal requirements. I also understand that this information will be kept in the strictest of confidence and will not be disclosed to others except for the above stated purpose and then only if necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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