

CITY OF WARD
P.O. BOX 237
WARD, AR 72176

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

NAME: _____ DATE _____
(LAST) (FIRST) (M.I.)

MAILING ADDRESS: _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

Telephone no. where you may be reached _____ message phone _____

If you are hired, can you produce evidence of U.S. citizenship or legal work status within three (3) days? YES _____ NO _____

PREVIOUS EMPLOYMENT: List all employment (including military service for at least the past five (5) years). Begin with your most recent, and work back. Attach additional sheets or resume to provide sufficient qualifying experience data.

FROM _____ TO _____

Job Title _____ Annual Salary \$ _____

Firm Name _____ Address _____

Name of Direct Supervisor _____

Reason for Leaving _____

Description of Work _____

FROM _____ TO _____

Job Title _____ Annual Salary \$ _____

Firm Name _____ Address _____

Name of Direct Supervisor _____

Reason for Leaving _____

Description of Work _____

FROM _____ TO _____

Job Title _____ Annual Salary \$ _____

Firm Name _____ Address _____

Name of Direct Supervisor _____

Reason For Leaving _____

Description of Work _____

For additional employment information, use reverse side of form

EDUCATION

Did you graduate from high school: () Yes () No,

Name and address of high school _____

Last grade completed and date of completion or graduation _____

(GRADE)

(DATE)

College,
University,
Trade, Business,
Correspondence
School

Dates
of
Attendance

Major
Areas of
Study

Semester
Hours

Degrees
Granted

Date
Left
or
Graduated

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

If No, please explain: _____

List all licenses you hold: (Driver, Electricians, etc.)

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

Specify equipment or office machines you operate: _____

Person to be notified in case of emergency:

_____ (Name) (Address) (Telephone)

Give the names and address of three (3) persons, other than relatives, who have knowledge of your character, experience, and ability:

Name Address Occupation

Please indicate any additional experience and training you have had which in your opinion would qualify you for the position you seek?

APPLICANT INFORMATION FOR RECORD KEEPING REQUIREMENTS

(Answer All Questions and Please Print)

The City of Ward 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 Ward.

NAME _____ TODAY'S DATE _____

Title of job for which you have applied _____

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 a 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 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.

I understand that I am protected by various laws prohibiting discrimination on the basis of race, color national origin, sex, religion, age (if over the age of 40) 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 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 is necessary.

Signed: _____ Date _____

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

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 any 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 misrepresentation may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to the city 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 concerned, 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.

Signature of Applicant: _____