

Application For Employment



*City of
West Memphis*

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap, or any other legally protected status. All city employees are "at will employees".

(Please Print)

Date of Application _____

Position Applied For _____

Referral Source: _____ Newspaper Ad _____ Internet _____ City Employee _____ Workforce
_____ Other - Explain: _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Contact # _____ E-mail (optional) _____

Have you ever been employed here before? ____ **Yes** ____ **No** If Yes, give date _____

Are you employed now? ____ **Yes** ____ **No** May we contact your present employer? ____ **Yes** ____ **No**

Are you legally authorized to work in the United States ____ **Yes** ____ **No**

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)?
____ **Yes** ____ **No** (If hired, verification will be required consistent with federal law.)

Are you under the age of 18? ____ **Yes** ____ **No**

If under the age 18, please state your age. _____ (the primary reason for this question is to address any child labor laws.)

On what date would you be available for work? _____

Are you available to work ____ Full-time ____ Part-time ____ Temporary

Are you laid-off and subject to recall ____ **Yes** ____ **No** Can you travel if a job requires it? ____ **Yes** ____ **No**

An Equal Opportunity Employer

Employment Experience

List all employment experience for the past seven years, starting with the most recent or present employer. Using a separate section for each position, describe in detail all work experience including periods of unemployment. You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary Responsibilities _____ _____	Phone (_____) _____ Dates: From _____ To _____ Starting wage: _____ Ending wage: _____ Reason for Leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____
Previous Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary Responsibilities _____ _____	Phone (_____) _____ Dates: From _____ To _____ Starting wage: _____ Ending wage: _____ Reason for Leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____
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Previous Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary Responsibilities _____ _____	Phone (_____) _____ Dates: From _____ To _____ Starting wage: _____ Ending wage: _____ Reason for Leaving _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____

Veteran of the U.S. military service? **No** **Yes** If Yes, Branch, Dates, _____

Attach: DD214 Form (if former military)

Please account for any gaps of employment _____

Education

Type of School	School Name and Location	Highest Grade Completed	Course of Study or Major Dates Attended
High School or G.E.D. equivalent		<input checked="" type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12/GED	
College or University		<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
Vocational or Trade School			
Graduate School			
Other (including Military training)			

Note any special coursework, honors, activities, special projects or any other data that will assist us in considering your application for employment;

List All Licenses You Now Hold (Driver's, CDL, Electricians, Etc.) _____

Special Skills and Qualifications

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements.

Professional References

List three professional references (other than those listed as current/previous supervisor) that we may contact:

Name _____	Phone No. () _____
E-mail address _____	Type of Acquaintance _____
Name _____	Phone No. () _____
E-mail address _____	Type of Acquaintance _____
Name _____	Phone No. () _____
E-mail address _____	Type of Acquaintance _____

Please read carefully and initial each paragraph before signing

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

_____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with the City of West Memphis.

_____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the City of West Memphis.

_____ Initials

I hereby certify that the information given by me is true in all respects, I authorize the City of West Memphis and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

_____ Initials

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

_____ Initials

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 party (City of West Memphis or me) without prior notice to the other, unless otherwise prohibited by law.

_____ Initials

I understand that no representation, whether oral or written, by a representative or agent of the City of West Memphis, at any time can constitute an implied or expressed contract of employment. I further understand no representative or agent of the City of West Memphis had the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or an authorized representative.

_____ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Note: An offer of employment is conditioned upon complying with the City of West Memphis' requirements including, but not limited to signing a consent form to conduct a background investigation and drug test.

My signature is evidence that I have read and agree with the above statements.

Applicant's Signature

Date

Applicant Data Record

City of
West Memphis

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment. Your cooperation is voluntary.

(Please Print) Date _____

Position Applied For _____

Referral Source: _____ Advertisement _____ City Employee _____ Other _____ Walk-In

_____ Employment Agency

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Contact # _____
Area Code

Affirmative Action Survey

Government agencies require periodic reports on the age, sex, ethnicity, handicapped and veteran status of applicants, and other protected status of applicants. This data is for analysis and affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Date of Birth _____

Check one: _____ Male _____ Female

Check on of the following:

Race/Ethnic Group: _____ White _____ Black _____ Hispanic

_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped Individual