



# City of Jacksonville

## Application for Employment

### Equal Opportunity Employer

#1 Municipal Dr. Jacksonville, Arkansas 72076 (501)982-4671 FAX (501)982-4670

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Previous Names Used	Last Name	First	Middle
Address		City	State Zip
If not a resident at current residence for 2 years, give previous address and phone number:			
Home Number	Cell	Work	Email
Drivers License # and State	How did you hear about this position?	Type of employment? Full-Time      Part-Time      Seasonal	
Position Applied For:			Date:
Have you ever been convicted of a felony? (A past criminal history does not necessarily disqualify an applicant from employment.) YES      NO			
If yes, describe fully:			

Available for work: ____/____/____	Desired salary: \$ _____
Are you legally eligible for employment in the U.S.?	YES      NO
<small>**If offered employment, you will be required to provide documentation to verify eligibility.</small>	
Have you ever been employed with the City of Jacksonville before?	YES      NO
If so, when? _____	
Are you at least 16 years of age?	YES      NO
Are you at least 20 ½ years of age? ( <b>Police and Fire only</b> )	YES      NO
Do you have any friends or relatives who work for the City of Jacksonville?	YES      NO
If YES, name and relationship _____	
Are you currently employed?	YES      NO
May we contact your present employer:	YES      NO
In case of an emergency, who should we contact?	
Name: _____	Home: _____ Cell: _____
Address: _____	Relation: _____

### EDUCATION

School	Name and City/State	Course of Study	From Mo / Yr	To Mo / Yr	Diploma / Degree
High School					
College					
College					
Other (Specify)					

**WORK EXPERIENCE** (Must be completed even if you supply us with a resume)

Employer	Dates Employed		Job Duties		
Address	From	To			
Phone Number					
Job Title	Pay Rate / Salary				
Supervisor					
Reason for Leaving			Were you fired?	YES	NO
<b> </b>					
Employer	Dates Employed		Job Duties		
Address	From	To			
Phone Number					
Job Title	Pay Rate / Salary				
Supervisor					
Reason for Leaving			Were you fired?	YES	NO
<b> </b>					
Employer	Dates Employed		Job Duties		
Address	From	To			
Phone Number					
Job Title	Pay Rate / Salary				
Supervisor					
Reason for Leaving			Were you fired?	YES	NO

Comments: (Include explanation of any gaps in employment)


Describe any specialized training, apprenticeship and skills.


**ADDITIONAL INFORMATION**

Other Qualifications *(Summarize special job-related skills and qualifications acquired from employment or other experience)*


**PERSONAL / PROFESSIONAL REFERENCES** (DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS)

Name	Phone Number	Occupation	Years Acquainted
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I certify that answers given herein, and any attached resume, are true and complete. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the City of Jacksonville, and further agree that my employment and compensation are at the will of the City of Jacksonville and can be terminated, with or without cause, and with or without notice, at anytime at the option of the City of Jacksonville or myself. I understand and agree that these terms can only be modified in writing and signed by the Human Resources Director of the City of Jacksonville. No supervisor, representative, agent, or other employee of the City of Jacksonville has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the City of Jacksonville, either written or oral, modify the above terms.

I understand and agree to take any physical examination, including drug testing; all such tests will be administered in compliance with the Americans with Disabilities Act.

I understand and hereby authorize persons, school, companies, employers and/or their representatives to furnish verification to the City of Jacksonville, any and all information set forth in this application and/or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that have or which may arise, against any and/or all of them, including the City of Jacksonville, as a result of them furnishing information to the City of Jacksonville. I authorize the City of Jacksonville, should they employ me, to release employment references, if my employment becomes terminated for any reason. I also authorize the City of Jacksonville to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C Section 1681, et. seq. I understand that the decision for my continued employment and to hire me and will be subject to the results of these inquiries.

I understand this application will be active until this position applied for is filled. After that time, if I wish to be considered for employment, I must re-apply.

### **A PRE-EMPLOYMENT DRUG SCREEN AND BACKGROUND CHECK WILL BE CONDUCTED UPON JOB OFFER.**

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE STATEMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



*"Soaring Higher"*