

# APPLICATION FOR EMPLOYMENT



*We consider applications for all positions with regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.*

**(PLEASE PRINT)**

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Number</i>	<i>Street</i>	<i>City</i>
	<i>State</i>	<i>Zip Code</i>
<i>Telephone Number(s)</i>		<i>Social Security (Voluntary)</i>

Best time to contact you at home is:	__ : __ AM/PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES / NO
Have you ever filed an application with us before? If yes, give date _____	YES / NO
Have you ever been employed with us before? If yes, give date _____	YES / NO
Do any of your friends or relatives, other than spouse, work here?	YES / NO
Are you currently employed?	YES / NO
May we contact your present employer? YES / NO	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>	YES / NO
Date available for work __ / __ / __ What is your desired salary range? _____	
Are you able to work: Full-Time (1 / 2 / 3 shift)   Part-Time (Morning / Afternoon / Evening)   Temporary (dates: __ / __ / __ - __ / __ / __)	
Are you currently on "lay-off" status and subject to recall?	YES / NO
Can you travel if a job requires it?	YES / NO

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# EDUCATION

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	Name & Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States military.**

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, nation origin, disabilities or other protected status.

EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		RATE OF PAY	
POSITION HELD		WORK PERFORMED	
REASON FOR LEAVING			
EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		RATE OF PAY	
POSITION HELD		WORK PERFORMED	
REASON FOR LEAVING			
EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		RATE OF PAY	
POSITION HELD		WORK PERFORMED	
REASON FOR LEAVING			
EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		RATE OF PAY	
POSITION HELD		WORK PERFORMED	
REASON FOR LEAVING			

**If you need additional space, please continue on a separate sheet of paper.**

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal  Shorthand  WPM  Spreadsheet/Excel

PC/MAC  Typewriter  Word Processing

Production/Mobile Machinery/Other:

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

YES / NO

## REFERENCES

1. \_\_\_\_\_ (Name) (\_\_\_\_\_) \_\_\_\_\_ (Phone Number)

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_ (Name) (\_\_\_\_\_) \_\_\_\_\_ (Phone Number)

\_\_\_\_\_  
(Address)

3. \_\_\_\_\_ (Name) (\_\_\_\_\_) \_\_\_\_\_ (Phone Number)

\_\_\_\_\_  
(Address)

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# APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given to in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES / NO

Remarks \_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed YES / NO                      Date of Employment \_\_\_\_\_

Department \_\_\_\_\_

# AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

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I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Russellville, whether the said records are of public, private or confidential nature.

I understand that the City of Russellville will consider any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization in determining my suitability for employment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Witness (must be over age of 18)

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number (include area code)

**YOUR APPLICATION WILL BE CONSIDERED INVALID IF NOT SIGNED BY WITNESS**

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# PRE-EMPLOYMENT TESTING NOTICE TO APPLICANT

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I hereby acknowledge that I will be given pre-employment drug and alcohol tests. Further, I am aware that I will not be offered employment or assigned to any position that requires a Commercial Driver's License unless I pass these tests.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**YOUR APPLICATION WILL BE CONSIDERED INVALID IF THIS NOTICE IS NOT SIGNED AND DATED**

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