

City of Eureka Springs

City Offices

44 S Main

Eureka Springs, AR 72632

479-253-9703

JOB APPLICATION FORM

NAME: _____ DATE: _____

(Last)

(First)

(Middle)

MAILING

ADDRESS: _____

CURRENT TELEPHONE NO. OR NO. WHERE YOU COULD BE
REACHED: _____

POSITION YOU ARE APPLYING

FOR: _____

If hired, can you produce evidence of U.S. Citizenship or legal work status within three
(3)days? _____

PREVIOUS EMPLOYMENT: List employers, including military services, for at least the past five (5) years.

Begin with the most recent and work back. Attach additional sheets or resume to provide sufficient qualifying experience data.

From: _____
To: _____

Job Title: _____ Annual
Salary: _____

Company Name: _____ City,
State: _____

Name of Direct
Supervisor: _____
—

Reason for
Leaving: _____

Description of
Work: _____

From: _____
To: _____

Job Title: _____ Annual
Salary: _____

Company Name: _____ City,
State: _____

Name of Direct
Supervisor: _____
—

Reason for
Leaving: _____

Description of
Work: _____

From: _____
To: _____

Job Title: _____ Annual
Salary: _____

Company Name: _____ City,
State: _____

Name of Direct
Supervisor: _____

Reason for
Leaving: _____

Description of
Work: _____

_____.

EDUCATION: Did you graduate from high school? Yes _____ No: _____

Name and address of high
school _____

Last grade completed and date of completion or graduation _____

College

University
Date

Trade, Business,
Left

Dates

Majors

Correspondence

of

Areas of

Semester

Degrees

or

School
Graduated

Attendance

Study

Hours

Granted

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

If no, please explain? _____
—

List all licenses you hold: (Driver's, electrician, plumbers, CDL, etc.)

Type: _____ Number _____ Expiration
Date: _____

Type: _____ Number _____ Expiration
Date: _____

Type: _____ Number _____ Expiration
Date: _____

Specify equipment or office machines you
operate: _____

_____.

Are you related to any member of the elected city government or any person now in the
employ of the city in any department. Yes: _____ No: _____

If yes, give person's name, where employed and his/her relationship to
you: _____

_____.

Person to be notified in case of emergency:
Name: _____.

Address: _____ Phone: _____

Reference: Give the names, addresses, and phone number of three (3) persons, other than relatives, who have knowledge of your character, experience or ability:

NAME OCCUPTION	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

I understand that this application is not intended to create any contractual or other legal rights. It does not alter at-will employment status nor does it create an 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 statement and answer to questions. I am aware that information given by me in my application will be investigated, with my full permission,

and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorized any former employer to release to the city or its authorized representatives 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 City Council, 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