

Application for Employment

CITY OF SILOAM SPRINGS

400 NORTH BROADWAY
POST OFFICE BOX 80
SILOAM SPRINGS, AR 72761
(479) 524-5136

**APPLICATIONS MUST BE COMPLETED IN FULL
AND SIGNED OR THEY WILL NOT BE CONSIDERED.**

PLEASE PRINT OR TYPE

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position (s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Website Walk-in
 Government or Private Employment Agency Other _____

Name of Source if applicable: _____

Name

LAST FIRST MIDDLE

Physical Address

STREET CITY STATE ZIP CODE

Mailing Address

STREET OR POST OFFICE BOX CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____

Have you submitted an application with us before? Yes No If yes, please provide date (s) ____/____/____
____/____/____

Have you previously been employed with us? Yes No If yes, please provide dates ____/____/____ ____/____/____
From To

Date available for work ____/____/____ Will you work overtime? Yes No Will you relocate? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Email Address: _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Starting with the most recent, provide information on your current and former employers, assignments and volunteer activities. Provide explanations for any gaps in employment in the comments section at the bottom of this page. Please attach an additional page if necessary.

| | | | | |
|--|-----------|---|-----|---|
| EMPLOYER | TELEPHONE | DATES OF EMPLOYMENT | | SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| JOB TITLE | | HOURLY RATE/ANNUAL SALARY AT DATE OF HIRE | | |
| NAME AND TITLE OF IMMEDIATE SUPERVISOR | | \$ | PER | |
| REASON FOR LEAVING | | HOURLY RATE/ANNUAL SALARY AT SEPARATION | | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ | PER | |
| EMPLOYER | TELEPHONE | DATES OF EMPLOYMENT | | SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES |
| | | FROM | TO | |
| ADDRESS | | | | |
| JOB TITLE | | HOURLY RATE/ANNUAL SALARY AT DATE OF HIRE | | |
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| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ | PER | |
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| ADDRESS | | | | |
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| REASON FOR LEAVING | | HOURLY RATE/ANNUAL SALARY AT SEPARATION | | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ | PER | |

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT. _____

Skills and Qualifications - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background

A. List previous three (3) schools attended, beginning with the most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study

| A. SCHOOL | B. YEARS COMPLETED | C. DEGREE/ DIPLOMA | D. GPA CLASS RANK | E. MAJOR | F. MINOR |
|-----------|--------------------|--------------------|-------------------|----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

References

List the names and telephone numbers of three business/work references who are ***not related to you and are not previous supervisors.***

| NAME | TELEPHONE | YEARS KNOWN |
|------|-----------|-------------|
| | () | |
| | () | |
| | () | |

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

| ORGANIZATION | OFFICES HELD |
|--------------|--------------|
| | |
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the City's service, whenever it is discovered.

I give the City of Siloam Springs the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The City of Siloam Springs does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the City and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the City reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the City has the authority to make any assurances to the contrary.

I understand it is the City's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date ____/____/____