



GRAVETTE FIRE DEPARTMENT

Gravette AR 72736

Phone: 479-787-6600 FAX: 479-787-6162

Application for Employment

(GENERAL INSTRUCTIONS TO APPLICANTS: Complete ALL spaces on the application. If an item does not apply write "N/A" in that space. Only provide information requested. Failure to follow instructions may result in you not being considered for employment)

General Information:

Full Name: _____ Social Security # _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Driver's License # and State Issued: _____

How many years have you lived at the above address? _____ List the States and

Counties you have live in for the past Seven (7) years: _____

Are you over 18? _____ Do you have reliable transportation to and from work? _____

Do you have any Relatives working for the City of Gravette? (list who they are and where they work)

Have you ever worked for the City of Gravette? (Dates of employment) _____

Have you ever applied for employment with the City of Gravette before? (List Dept. applied for and when) _____

Have you ever been convicted of a crime? (List all crimes including any which you pled "No Contest" of pled to a lesser offense) _____

When would you be available to start work? _____

How did you find out about this position? _____

Job Interest

What position (s) are you applying for? _____

Would you consider other available positions if you are qualified? _____ Type of
employment desired? (circle one) part-time full-time Do you have shift
preference? (1st / 2nd / 3rd) _____ Are you willing/able to travel if necessary? _____

May we contact your present employer for a work reference? _____

Education (List all high schools and colleges attended)

School Attended: _____ Did you Graduate? _____ Degree/Diploma? _____

School Attended: _____ Did you Graduate? _____ Degree/Diploma? _____

School Attended: _____ Did you Graduate? _____ Degree/Diploma? _____

School Attended: _____ Did you Graduate? _____ Degree/Diploma? _____

Your Employment History (List below your employment history for the past 10 years.
Account for ALL periods of time beginning with your most recent employer. Include part-time work,
temporary work, military service, and period of unemployment. Continue on separate piece of paper if
necessary)

Employer Name: _____ Dates of Employment: _____ to _____

Address, City, State, Zip: _____

Department: _____ Supervisor: _____ Telephone: _____

Job title and Duties: _____

Ending Salary: _____ Reason for Leaving: _____

Employer Name: _____ Dates of Employment: _____ to _____

Address, City, State, Zip: _____

Department: _____ Supervisor: _____ Telephone: _____

Job title and Duties: _____

Ending Salary: _____ Reason for Leaving: _____

Employer Name: _____ Dates of Employment: _____ to _____

Address, City, State, Zip: _____

Department: _____ Supervisor: _____ Telephone: _____

Job title and Duties: _____

Ending Salary: _____ Reason for Leaving: _____

Employer Name: _____ Dates of Employment: _____ to _____

Address, City, State, Zip: _____

Department: _____ Supervisor: _____ Telephone: _____

Job title and Duties: _____

Ending Salary: _____ Reason for Leaving: _____

List Skills, Certifications and Qualifications (List any special skills qualifications
i.e. bilingual, reads sign language, honorary titles, and degrees)

General Release and Consent

I understand and certify that ALL the information supplied in the application for employment, and ANY attached resume, is complete and correct. Any false, misleading, or incomplete information furnished by me regarding this application (including attached resume) will result in the rejection of this application or, if employed at the time of discovery, the termination of my employment. I also understand that in consideration of my employment, I agree to comply with, follow, and conform to ANY and ALL workplace and employment policies, procedures, practices, and rules and regulations. Additionally, I understand and agree that my employment and compensation are "At Will", meaning that either the City of Gravette or I can terminate this employment relationship, with or without cause, and with or without notice.

Further, I understand and agree that the terms and conditions of this employment relationship can ONLY be modified (IN WRITING) by the Mayor or City Council. NO officer, director, manager, supervisor, representative, or agent of the City of Gravette has 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 policy, procedure, practice, rule, or regulation of the City of Gravette, either oral or written, modify the above terms of employment. I understand and agree that if employed, my continued employment with the City of Gravette will constitute "Consideration" for any changes that the City of Gravette may make to its' policies, procedures, practices, rules, or regulations.

I understand and agree to take any physical examination, including pre-employment drug screening tests as a part of my application process. I also agree to release to the City of Gravette the results of any and all drug screening tests taken as part of my application process.

I waive and forever release any and all rights I might have to make claim or bring lawsuit against any client/customer, officer, director, manager, supervisor, representative, or agent of the City of Gravette resulting from any injury or injuries which are covered under applicable state worker's compensation statutes. This means that by accepting or continuing my employment relationship with the City of Gravette, I agree that I will not bring suit against any customer, client, employee, or agent of the City of Gravette for any injury or injuries that I might sustain during my employment, due to negligence of the client, customer, employee, or agent of the City of Gravette, IF AND ONLY IF the injury or injuries I receive are covered under the worker's compensation policies of the State of Arkansas and the City of Gravette.

I understand, agree, and herby authorize all persons, schools, companies, and employers and/or their representatives to verify with the City of Gravette ANY and ALL information set forth in this application (including attached resume). Additionally, I herby agree to hold harmless, and to release from all liability, all said persons, schools, companies, and employers and/or their representatives from ANY and ALL claims that I may have, or which might arise, against ANY and/or ALL of THEM, including the City of Gravette, as a result of them furnishing information to the City of Gravette.

Further, I authorize the City of Gravette should they employ me, to release employment references on me, should my employment terminate for any reason. I also agree and authorize the City of Gravette to conduct police, background, education, credit, criminal, and driving record inquires, or any other employment-related inquiries in compliance with the federal credit reporting act: (FCRA). I understand and agree that the decision to hire and retain me will be subject to the result of these inquiries. I also understand that I will be required to provide proof of my authorization in the United States and will be required to successfully the Employment Eligibility Verification Form (1-9).

I also understand that the City of Gravette is an equal opportunity employer that makes employment decisions without regard to an applicant's membership in protected categories such as citizenship, age, race, gender, religion, veteran's status, disability, or national origin. No question on this application is used

for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand and agree that any employee sustaining and on-the-job injury that requires medical treatment of that involves damage to a client, customer, or the City of Gravette may be required to submit to a post accident drug test. I also understand and agree that any employee guilty of safety violations, near-miss, or a failure to follow established safety rules, policies, or practices may be subject to testing under this policy.

I understand that this application will be active for employment consideration only for those positions which I apply for. The City of Gravette does not place applications on file for any period of time. If other positions become available which I am interested in, I understand that I must contact the City of Gravette to make application.

I have read, understand, and fully agree with ALL the provisions of this release and consent statement.

Applicant's Signature

Applicant's Printed Name

Date Signed