

# The City of Gravette, Arkansas

## Application for Employment

The policy of the City of Gravette is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, religion, national origin, disability status, or other legally protected status. The City of Gravette is an equal opportunity employer and provider.

*If additional space is needed to respond to questions, please attach additional pages.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you older than 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Conviction will not necessarily disqualify an applicant for employment.*

If yes, please describe conditions: \_\_\_\_\_

Do you have the legal right to work and remain in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

Can you perform the duties of the job for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, will you need any accommodations? If so, explain: \_\_\_\_\_

Are you related to anyone who is currently employed or was previously employed by the City of Gravette? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list name and what department: \_\_\_\_\_

Education	Name and location of school	Year graduated	Major	Diploma/Degree
High School				
College/University				
College/University				
Other training: fire or police academy, education, etc.				

Position(s) applied for:

1. \_\_\_\_\_
2. \_\_\_\_\_

# Work History

Please include at least ten years of work history and list most recent employer first. If additional space is needed, please attach additional pages.

Most recent employer:	Address:	Phone:
Date Started:	Starting salary: \$ Per:	Starting position:
Date left:	Ending salary: \$ Per	Position on leaving:
Name of supervisor:	Title of supervisor:	Phone:
Description of duties:		Reason for leaving:
May we contact them for a reference? _____ Yes _____ No		

Employer:	Address:	Phone:
Date Started:	Starting salary: \$ Per:	Starting position:
Date left:	Ending salary: \$ Per	Position on leaving:
Name of supervisor:	Title of supervisor:	Phone:
Description of duties:		Reason for leaving:
May we contact them for a reference? _____ Yes _____ No		

Employer:	Address:	Phone:
Date Started:	Starting salary: \$ Per:	Starting position:
Date left:	Ending salary: \$ Per	Position on leaving:
Name of supervisor:	Title of supervisor:	Phone:
Description of duties:		Reason for leaving:
May we contact them for a reference? _____ Yes _____ No		

Employer:	Address:	Phone:
Date Started:	Starting salary: \$ Per:	Starting position:
Date left:	Ending salary: \$ Per	Position on leaving:
Name of supervisor:	Title of supervisor:	Phone:
Description of duties:		Reason for leaving:
May we contact them for a reference? _____ Yes _____ No		

Do you have a commercial driver's license (CDL)? \_\_\_\_\_ Yes \_\_\_\_\_ No

In addition to your work history, what other experiences, skills, or qualifications would especially qualify you to work with the City of Gravette? Specify office equipment, machines, equipment, computers, etc. that you can operate or skills you possess:

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List the name, phone number, and relationship of three references, who are not related to you, that have knowledge of your character, experience, or ability.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## EMPLOYEE STATEMENT

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I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I certify that I have made no willful misrepresentations in this application, nor have I withheld information in my statements and answers to questions. I am aware that the 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 to be terminated.

I authorize former employers to release to the City of Gravette or its authorized representative all employment records and any 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. A photocopy of this authorization shall be valid as the original.

I understand that my appointment will be at the discretion of the department head, subject to the approval of the chief administrative officer and that this application is the property of the City and will become part of my file if I am accepted for employment.

Printed name of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date of signature: \_\_\_\_\_