



APPLICATION FOR EMPLOYMENT

City Corporation is an Equal Opportunity Employer. Applicants are considered for current open positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, 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"/> Friend | <input type="checkbox"/> Inquiry | | | |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ | | | |
| Last Name | | First Name | | Middle Initial | |
| Address | Number | Street | City | State | Zip Code |
| Telephone Number(s) | | | | Social Security Number | |
| | | | | | |

Best time to contact you at home is: _____:_____ am/pm

Are you 18 years of age or older? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives work here? Yes No
If Yes, state name, relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally permitted to work in the United States? Yes No
Employment will be contingent upon providing proof of citizenship
Or work authorization.

Date Available for work: ____/____/____ What is your desired salary range? _____

Are you available to work Full Time Part Time

Have you been know by any other name(s) that we may require to verify your application? Yes No
If yes, give name(s): _____

EDUCATION

| Name Of School | Address | Major | Grade (GPA) | Diploma/Degree |
|----------------|---------|-------|-------------|----------------|
| High School: | | | | |
| College: | | | | |
| Trade/VoTech: | | | | |
| Other: | | | | |

WORK 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, national origin, disabilities, or other protected status.

| Employer | Dates Employed | | Work Performed |
|------------------|--------------------|-------|----------------|
| | From | To | |
| Address | | | |
| Telephone Number | | | |
| Job Title | Hourly Rate/Salary | | |
| Supervisor | Starting | Final | |
| Reason | | | |

| Employer | Dates Employed | | Work Performed |
|------------------|--------------------|-------|----------------|
| | From | To | |
| Address | | | |
| Telephone Number | | | |
| Job Title | Hourly Rate/Salary | | |
| Supervisor | Starting | Final | |
| Reason | | | |

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| | From | To | |
| Address | | | |
| Telephone Number | | | |
| Job Title | Hourly Rate/Salary | | |
| Supervisor | Starting | Final | |
| Reason | | | |

Have you ever been asked to leave a job? Yes No If Yes, Explain:

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any job-related training received in the United States military: _____

List professional, trade, business or civic activities and office held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status. _____

Additional Information: Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience. _____

Office Skills Indicate any office skills you have acquired through training or experience.

Typing Speed _____ wpm Software packages: _____

Personal Computer _____

Calculator/10-Key adding Machine _____ Other: (Specify) _____

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

| | | |
|------|---------|------------------|
| Name | Address | Telephone Number |
| Name | Address | Telephone Number |
| Name | Address | Telephone Number |

| |
|--|
| <p>Excessive absenteeism may be grounds for termination. Absence of six (6) days during one year may be considered excessive, depending upon the reason(s) for the absence. Can you meet these standards?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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APPLICANT’S STATEMENT

I certify that answers given herein are true and complete.

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 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.

I, hereby give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to City Corporation. This consent is given in accordance with Act 1474 of the 1999 General Assembly of the State of Arkansas.

Signature of Applicant

Date