

CITY OF BELLA VISTA

416 Town Center

P O Box 5655

Bella Vista Arkansas 72714

Phone: 479-876-1255

EMPLOYMENT APPLICATION

Instructions: Please print in ink and complete entire application. Mail to the above address.

Applicant Information:

Last Name	First Name	Middle Initial
Address:		
City, State, Zip Code:		

Daytime Phone No.	
Cell Phone No.	
Evening Phone No.	

Social Security No.: _____

Questions:

1. Are there any other names under which you have attended school or worked:
Yes ____ No ____ If yes, please list for reference checking purposes.

2. Are you at least 18 years of age? Yes ____ No ____

3. Are you legally authorized to work in the United States? Yes ____ No ____

4. If yes, can you produce evidence of U. S. Citizenship or legal work status within three (3) days? Yes ____ No ____

5. Have you ever been convicted of a crime or pleaded no contest to any offense/violation other than minor traffic violations? Yes ____ No ____

If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted.

(Convictions are not an automatic bar to employment.)

Do you have any pending criminal charges against you? Yes ____ No ____ If yes, describe
1) the nature of the charges, 2) date issued, and 3) county and state where issued.

6. Have you ever applied (yes ____ no ____) or worked for (yes ____ no ____) the City of Bella Vista?

7. Do you have relatives who are currently employed with the City of Bella Vista?
Yes ____ No ____ . If yes, please list name and relationship to you.

Job Position:

1. What is the title of the position you are applying for: _____

2. When can you start? _____

3. Are you able to perform all the essential functions/duties of the position you are applying for? (Please refer to the job position description.) Yes ____ No ____ . If no, identify which essential functions you could perform with reasonable accommodation.

4. Do you have access to a car? (For some positions, a vehicle is required.)
Yes ____ No ____

5. Do you have a valid driver's license? Yes ____ No ____
If yes, license number and state: _____

6. Do you have a valid commercial driver's license (CDL)? Yes ____ No ____
If yes, license number and state: _____

Education:

List all schools attended. List any additional vocational or technical training you feel qualifies you for the position applied for. Use additional sheets, if necessary.

High School-Name	City/State	Dates attended	Diploma*

* or equivalent.

College and/or Trade School	City/State	Dates attended	Degree

Other: Specialized/Technical	City/State	Dates attended	Diploma

Did you complete any training Courses? If yes, please specify.

Course/Seminar	Sponsoring Organization	Content	Dates Attended

Describe any education, training, or other experience you have which is not covered above, such as vocational school, correspondence courses, service schools, volunteer work, certificates and awards received, etc., which you feel is relevant to the job(s) for which you are applying.

Employment History:

Start with most recent employment. Use a separate sheet, if necessary. Remember to include any work you did in the Armed Forces.

- Name of Employer _____
Address: _____
Telephone: _____ Type of Business: _____
Your job title: _____
Employment Dates (month/year) From: _____ to _____
Starting Salary: _____ Ending Salary: _____
Name of Immediate Supervisor: _____
Description of Duties:

Reason for Leaving:

May we contact as a reference? Yes ___ No ___

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Address: _____
Telephone: _____ Type of Business: _____
Your job title: _____
Employment Dates (month/year) From: _____ to _____
Starting Salary: _____ Ending Salary: _____
Name of Immediate Supervisor: _____
Description of Duties:

References:

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

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

How long have you known this reference? _____

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

How long have you known this reference? _____

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

How long have you known this reference? _____

Reason for Leaving:

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Starting Salary: _____ Ending Salary: _____

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Description of Duties:

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Military History		
(Armed Forces of the United States)		
Branch: _____	Date Entered: _____	Date Discharged: _____
Rank at Discharge: _____	Reserve Status: _____	
Special Training received: _____		

CERTIFICATION

Please read the following carefully before signing this form:

1. All information contained in this 7 page application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

2. I authorize the City of Bella Vista to investigate my responses on this application and contact any or all of my former employers or individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly release and hold harmless any person or organization that provides information pertaining to me or my employment, including but not limited to, an investigative credit report, a criminal background check, a driver's license record check, and/or a reference check. I understand that this background check might be done either before or after an employment decision is reached and, in fact, could conceivably be done on multiple occasions during employment.

3. I understand that upon receiving a job offer a physical examination and drug screening may be required. (NOTE: If this is a job requirement, you will be notified.)

4. Regardless of whether or not I become employed by the City of Bella Vista, I recognized that this application is not and should not be considered a contract of employment. I understand that employment with the City of Bella Vista is on an at-will basis, and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the City of Bella Vista's, unless specifically provided otherwise in the written employment contract.

Date: _____

Applicant's Signature: _____

Print name below: