



City of Greenland

PO Box 67
Greenland, AR 72737

Telephone (479) 521-5760
Fax (479) 521-7780

APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Applicants for employment are considered without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status. The City may, however, conduct a background check.

GENERAL INFORMATION

Date _____

Position(s) Applied For (1) _____ (2) _____

Referral Source Newspaper Friend Relative Employment Agency HigherEdJobs.com
 Internet Search Professional Journal Walk-in Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone (____) _____ Social Security No. ____ - ____ - ____

Cell Phone (____) _____ E-mail address _____

If under 18, can you provide a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you a United States citizen? Yes No If no, do you have a valid work permit? Yes No
(Proof of citizenship or immigration status may be required upon employment)

Employment desired: Full-Time Part-Time Shift Work Temporary Overtime

When are you available for work? _____

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

SEALED RECORD NOTICE

Applicants having sealed conviction records on file may answer "no" to the following:

Within the past five years, have you been convicted of a misdemeanor? No Yes

If yes, please explain. _____

Have you ever been convicted of a felony? No Yes

If yes, please explain. _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

COMPUTER SKILLS (Only for positions which require computer skills)

Check off those computer skills with which you are proficient (any version).

- PC User
 Macintosh User
 Windows
 Microsoft Word
 Microsoft Access
 Microsoft Excel
 Microsoft Publisher
 Web Page Design/
 Maintenance
 E-mail
 Internet
 Other. Please list _____

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a driver's license? Yes No

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years Yes No How many? _____

MILITARY

Are you a veteran of the United States military service? Yes No If yes, what branch? _____

If yes, Date Entered _____ Date Discharged _____

If yes, please describe any special skills or training acquired while in the service:

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

Most Recent Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

REFERENCES

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the City's designated health practitioner.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Greenland Police Department, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE: _____ **Date** _____