

City of Clarksville

205 Walnut Street
Clarksville, AR 72830

APPLICATION FOR EMPLOYMENT

Our policy 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.

Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number where you can be reached or a message left for you: _____

Are you 18 years old or older? _____yes _____no

Have you ever been convicted of a felony? _____yes _____no (conviction will not necessarily disqualify an applicant for employment.) If yes, 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 which you are applying with or without reasonable accommodations? _____yes _____no

Education	Name and Location of School	Major	Diploma/Degree
High School			
College/ University			
Other Training			

Position Applied For:

1. _____ 2. _____

Wage or salary desired? _____ When can you start? _____

WORK HISTORY

Most Recent Employer:	Address:	Telephone:
Date Started:	Starting Salary: \$ Per:	Starting Position:
Date Ended:	Ending Salary: \$	Ending Position:
Name of Supervisor:	Title of Supervisor:	
Description of Duties:	Reason for Leaving:	

Most Recent Employer:	Address:	Telephone:
Date Started:	Starting Salary: \$ Per:	Starting Position:
Date Ended:	Ending Salary: \$ Per:	Ending Position:
Name of Supervisor:	Title of Supervisor:	
Description of Duties:	Reason for Leaving:	

Most Recent Employer:	Address:	Telephone:
Date Started:	Starting Salary: \$ Per:	Starting Position:
Date Ended:	Ending Salary: \$ Per:	Ending Position:
Name of Supervisor:	Title of Supervisor:	
Description of Duties:	Reason for Leaving:	

In addition to your work history, what other experiences, skills, or qualifications would especially qualify you for work with the city of Clarksville? Specify office equipment, machines, computers you can operate:

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

Name:	Address:	Phone No.	Occupation
_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

APPLICANT INFORMATION FOR RECORD KEEPING REQUIREMENTS

(Answer All Questions and Please Print)

The City of Clarksville is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with the City of Clarksville.

NAME _____ TODAY'S DATE _____

SEX AND RACE/ETHNIC IDENTIFICATION

SEX: Male Female (Check One)

RACE/ETHNIC: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows: Please check the category which identifies your race/ethnic background.

WHITE: (Not of Hispanic origin) All persons having origin in any of the original peoples of Europe, North America or the Middle East.

BLACK: (Not of Hispanic origin) All persons having origin in any of the black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

ASIAN OR

PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands (Ex: China, Japan, Korea, the Philippine Islands and Samoa).

OTHER:

I understand that I am protected by various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion, age and, in some circumstances, disability or veteran status. I further understand that the information contained in this form is to be used solely in equal employment record keeping, reporting and other legal requirements. I also understand that this information will be kept in the strictest of confidence and will not be disclosed to others except for the above stated purpose and then only if necessary.

Signed: _____ Date: _____

NOTE: THE information provided on this form will be kept separate from the employment application form such as in Section III of this file.

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment

_____initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with the City of Clarksville.

_____initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the City of Clarksville.

_____initials

I hereby certify that the information given by me is true in all respects. I authorize the City of Clarksville and its representatives to contact prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

_____initials

I understand employment with the City of Clarksville is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party the City of Clarksville or me without prior notice to the other, unless otherwise prohibited by law.

_____initials

I understand that no representation, whether oral or written, by any representative or agent of the City of Clarksville, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the City of Clarksville has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Mayor or an authorized representative.

_____initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Note: An offer of employment is conditioned upon complying with the City of Clarksville's requirements including, but not limited to signing a consent to conduct a background investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature _____

Date _____