

# Application For Employment

*City of  
West Memphis*

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**(Please Print)**

Date of Application \_\_\_\_\_

Position Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-In  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Area Code

If employed and you are under 18,  
Can you furnish a work permit? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Have you 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 employed now? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** May we contact your present employer? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Are you prevented from lawfully becoming employed  
in this country because of Visa or Immigration Status? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary

Are you on a lay-off and subject to recall \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Can you travel if a job requires it? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
(Conviction will not necessarily disqualify applicants from employment.)

If Yes, please explain \_\_\_\_\_

**An Equal Opportunity Employer M/F/V/H**

Veteran of the U.S. military service? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Branch \_\_\_\_\_

Hobbies and/or special skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Special Employment Notice to Disable Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed \_\_\_\_\_

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# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

<b>1.</b> Employer ( ) Telephone	Dates From	Employed To	<b>Work performed</b>
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
<b>2.</b> Employer ( ) Telephone	Dates From	Employed To	<b>Work performed</b>
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
<b>3.</b> Employer ( ) Telephone	Dates From	Employed To	<b>Work performed</b>
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
<b>4.</b> Employer ( ) Telephone	Dates From	Employed To	<b>Work performed</b>
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. \_\_\_\_\_

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# Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

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State any additional information you feel may be helpful to us in considering your application.

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### Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application, medical examination or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of West Memphis.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hr Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
 \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_

# Applicant Data Record

City of  
West Memphis

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment. Your cooperation is voluntary.

*(Please Print)*

Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-In  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone \_\_\_\_\_  
Area Code

## Affirmative Action Survey

Government agencies require periodic reports on the age, sex, ethnicity, handicapped and veteran status of applicants, and other protected status of applicants. This data is for analysis and affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Date of Birth \_\_\_\_\_

Check one: \_\_\_\_\_ Male \_\_\_\_\_ Female

Check on of the following:

Race/Ethnic Group: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander

Check if any of the following are applicable:

\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Handicapped Individual