

The Auditorium
36 South Main
Eureka Springs, Arkansas 72632
479-253-7788

PART TIME ON CALL
CONTRACT SERVICES

APPLICATION FORM

NAME _____ DATE: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____

CURRENT TELEPHONE OR NUMBER WHERE YOU COULD BE REACHED: _____

EMAIL ADDRESS: _____

POSITION YOU ARE APPLYING FOR: _____

If hired, can you produce evidence of U.S. Citizenship or legal work status within three (3) days? _____

PREVIOUS EMPLOYMENT: List employers, including military service, for at least the past three (3) years. Begin with the most recent and work back. You may attach additional sheets or resume providing additional qualifying experience data.

From _____ To: _____

Job Title: _____ Annual Salary: _____

Company Name: _____ City, State: _____

Name of Direct Supervisor: _____

Reason for Leaving: _____

Description of Work: _____

From _____ To: _____

Job Title: _____ Annual Salary: _____

Company Name: _____ City, State: _____

Name of Direct Supervisor: _____

Reason for Leaving: _____

Description of Work: _____

From _____ To: _____

Job Title: _____ Annual Salary: _____

Company Name: _____ City, State: _____

Name of Direct Supervisor: _____

Reason for Leaving: _____

Description of Work: _____

EDUCATION: Did you graduate from high school? Yes _____ No _____

Name and address of high school _____

Last grade completed and date of completion or graduation _____

College, University, Trade, Business, Correspondence School	Dates of Attendance	Major Areas of Study	Semester Hours	Degrees Granted	Date Left or Graduated

Can you perform the duties of the job for which you are applying? Yes _____ No _____

If no, please explain? _____

List all licenses and certifications you hold: (Driver's, electrician, plumbers, CPR, First Aid, Team etc.)

Type: _____ Number _____ Expiration Date: _____

Type: _____ Number _____ Expiration Date: _____

Type: _____ Number _____ Expiration Date: _____

Specify equipment, office machines you operate, or technical skills you may have: _____

Are you related to any member of the elected city government or any person now in the employ of the city in any department?: Yes _____ No _____

If yes, give person's name, where employed and his/her relationship to you: _____

Person to be notified in case of emergency: Name: _____

Address: _____ Phone: _____

References: Give the names, addresses and phone numbers of three (3) persons, other than relatives, who have knowledge of your character, experience or ability: You may attach a separate sheet if you wish.

NAME	ADDRESS	PHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate any additional work experience and training you have had which in your opinion would qualify you for the position you seek: _____

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answer to questions. I am aware that information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to the city or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the CAPC. A photocopy of this authorization shall be as valid as the original.

I understand that this appointment will be at the discretion of the CAPC, and that this application is the property of the CAPC and will become a part of my file if I am accepted for employment

Signature of Applicant