



City of Johnson, Arkansas

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 any other legally protected status.

Name: _____ Date: _____

Address: _____

Social Security #: _____ Driver's License #: _____ State: _____

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

Home: _____ Work: _____ Cell/Other: _____

If applying for a law enforcement position, are you now 21 years or older, or will you be by the time your employment would begin? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No (conviction will not necessarily disqualify an applicant for non-law enforcement employment). If yes, please describe the conditions:

Do you have the legal right to work and remain in the United States? _____ Yes _____ No

If so, 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 for which you are applying? _____ Yes _____ No

If no, will you need any accommodations? Explain: _____

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School/GED				
College/University				
Other Training/Education				
Technical Schools				

Positions applied for:

1. _____ 2. _____

Applying for: Full-time Part-time

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

Work History

Most recent employer	Address	Telephone
Date started	Starting salary \$	Per: Starting Position
Date Left	Salary on Leaving: \$	Per: Position on leaving
Name of Supervisor	Title of Supervisor	
Description of duties	Reason for leaving	

Second most recent employer	Address	Telephone
Date started	Starting salary \$	Per: Starting Position
Date Left	Salary on Leaving: \$	Per: Position on leaving
Name of Supervisor	Title of Supervisor	
Description of duties	Reason for leaving	

Third most recent employer	Address	Telephone
Date started	Starting salary \$	Per: Starting Position
Date Left	Salary on Leaving: \$	Per: Position on leaving
Name of Supervisor	Title of Supervisor	
Description of duties	Reason for leaving	

(Make copies of this page to use if additional employers need to be listed)

Forth most recent employer		Address	Telephone
Date started	Starting salary \$	Per:	Starting Position
Date Left	Salary on Leaving: \$	Per:	Position on leaving
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 to work with the City of Johnson? Specify office equipment, machines, computers you can operate: _____

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

Name	Address/City/State/Zip Code	Phone Number	Occupation
Name	Address/City/State/Zip Code	Phone Number	Occupation
Name	Address/City/State/Zip Code	Phone Number	Occupation

The City of Johnson maintains a drug free work place. As an employee you may be asked to cooperate in a drug test. By signing this application and submitting it for consideration you are hereby consenting to background investigations as may be appropriate to the position for which you are applying. You may be asked to submit additional waivers or consents in order to complete the process.

I certify that all statements herein are true and correct and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment

Signature of Applicant

**APPLICANT INFORMATION FOR RECORD KEEPING REQUIREMENTS
(ANSWER ALL QUESTIONS AND PLEASE PRINT OR TYPE)**

The City of Johnson 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 Johnson.

Name: _____ Today's Date: _____

Sex and Race Ethnic Identification

Sex: Male: _____ Female: _____ (check one)

Race/Ethnic: For the purposes 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 black racial groups of Africa.

Hispanic: _____ All persons of Mexican, Puerto Rican, Cuban, Central or South American 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 (Example: China, Japan, Korea, the Philippine Islands and Samoa.)

American Indian or Alaskan Native: _____ All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Other: _____

I understand that various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion, and age and in some circumstances, disability or veteran status protect me. I further understand that the information contained in this form is to be used solely in equal employment record keeping, reporting and other 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: This information provided on this form will be kept separate from the employment application form such as in Section 111 of this file.
