

CITY OF CONWAY
EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER



The City of Conway is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, marital or veteran status, political status, disability status or other legally protected status.

Instructions:

- Fill out both sides completely
- Print in ink or type
- At date of hire: Firefighters must be between 21 and 32 years of age; Police must be at least 21 years of age.

PERSONAL:		DRIVERS LICENSE: State:	License Number:
NAME: Last, First, Middle		Social Security #:	TODAY'S DATE:
ADDRESS (Number, Street, City, State, Zip)		Home Phone:	Work Phone:
POSITION APPLYING FOR: _____ Full <input type="checkbox"/> ; Part Time <input type="checkbox"/>		REFERRED BY:	DATE AVAILABLE
Have you ever worked for the City of Conway before? ___Yes; ___No. If Yes, give dates of employment, job and your name at the time of employment:			
Do you have any relatives employed by the City of Conway? ___Yes; ___No. If yes, please give all names and relationships to you:			
Have you ever been convicted of a felony, or discharged from military service with other than an honorable discharge? ___Yes; ___No. If yes, state the facts:			
[NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age and time since the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.]			
Have you ever been bonded? ___Yes; ___No. If yes, indicate employer(s):			
EDUCATION	Name & Location of School	Years Completed	Diploma or Degree Received
High School			
Tech/Vocational School			
College			
Special Skills and/or Licenses Held:			
U. S. MILITARY EXPERIENCE			
Branch	Dates of Service	Highest Rank Held and Military Occupation	

EMPLOYMENT HISTORY: (Begin with present or most recent employer)			
Time Employed	Name & Address of Employer & Immediate Supervisor	Position Held and Job Duties	Base Salary
From ___ Mo. ___ Yr. To ___ Mo. ___ Yr. Total Time: _____	Company _____ Address _____ City/State _____ Telephone (____) _____ Supervisor _____		\$ _____ per _____
Reason for Leaving:			
Time Employed	Name & Address of Employer & Immediate Supervisor	Position Held and Job Duties	Base Salary
From ___ Mo. ___ Yr. To ___ Mo. ___ Yr. Total Time: _____	Company _____ Address _____ City/State _____ Telephone (____) _____ Supervisor _____		\$ _____ per _____
Reason for Leaving:			
Time Employed	Name & Address of Employer & Immediate Supervisor	Position Held and Job Duties	Base Salary
From ___ Mo. ___ Yr. To ___ Mo. ___ Yr. Total Time: _____	Company _____ Address _____ City/State _____ Telephone (____) _____ Supervisor _____		\$ _____ per _____
Reason for Leaving:			

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES; NO

REFERENCES: Give names of three persons not relatives or former employers			
Name	Address	Occupation	Phone Number

AGREEMENT (Please read the following statement carefully)

I understand that this application will remain active for 90 days only. I declare that my answers to the questions on this application are true, and give the City of Conway the right to investigate all references and secure additional information necessary. I understand that the use of this form does not indicate there are positions open and does not in any way obligate the City of Conway. I understand that falsification of information on this application or in any interview(s) constitutes reason for cancellation of my application or termination of my employment. I understand and agree that if I am employed, I will be employed "at will". Either the City or I may end the employment relationship at any time, for any reason. No representative of the City has the authority to change this agreement. I understand that I am required to abide by all rules and regulations of the City of Conway. I also declare that by signing this employment application, I certify I am in compliance with the Military Selective Service Act. This completed application form is subject to release under FOIA.

Signature of Applicant: _____ Date: _____

Submit to:
 Human Resources
 1201 Oak Street
 Conway, AR 72032
 Phone: 501-450-6102
 Fax: 501-513-3503

Revised 10/2008