

Employment Application
Pre-Employment Questionnaire

Equal Opportunity Employer. The City of Tontitown is an Equal Opportunity Employer. The City of Tontitown complies with all applicable laws concerning hiring and employment practices. We pledge to hire, train, and promote our employees without regard to race, color, religion, national origin, sex, age, disability or any other fact prohibited by law or regulation.

INSTRUCTIONS: PLEASE PRINT LEGIBLY IN INK. Fill in ALL information requested in the spaces indicated. You may leave blank only areas where you are instructed to do so. Please check to make sure you have signed ALL the areas requiring your signature. **IMPORTANT:** It is important to FULLY complete your application. An incomplete application cannot be reviewed.

I UNDERSTAND THAT THIS EMPLOYMENT APPLICATION, AND ANY INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION, AN INTERVIEW OR ANY OTHER POINT IN THE PRE-EMPLOYMENT PROCESS, MAY BE SUBJECT TO PUBLIC INSPECTION AND COPYING AS PROVIDED BY THE ARKANSAS FREEDOM OF INFORMATION ACT (A.C.A. §§25-19-101 et. seq.) REGARDLESS OF WHETHER I AM EVENTUALLY OFFERED EMPLOYMENT. _____ (Initial).

APPLICANT INFORMATION		Social Security No.	
Last Name	First	M.I.	Date
Street Address			Apartment/ Unit #
City		State	ZIP
Phone		Alternate Phone	
Email Address		How were you referred to us?	
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, please indicate below the type of alien certification you have, as required for work by federal law.	
Name(s) any relatives employed by the City of Tontitown		Name	Relationship
		Name	Relationship

PLACEMENT			
What position are you applying for?			
Starting salary you are seeking? \$ _____ per _____		When could you begin employment ____/____/____	
What type of employment are you applying for? (Check all that apply)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Are there any limitations as to days/hours you are able to work?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, note days & hours not available	
EDUCATION			
High School	School Name	Did you graduate? YES <input type="checkbox"/> Date _____ NO <input type="checkbox"/>	Major Course of Study and Degree Granted
	City, State, Zip Code		
College	School Name	Did you graduate? YES <input type="checkbox"/> Date _____ NO <input type="checkbox"/>	Major Course of Study and Degree Granted
	City, State, Zip Code		
Other (Specify)	School Name	Did you graduate? YES <input type="checkbox"/> Date _____ NO <input type="checkbox"/>	Major Course of Study and Degree Granted
	City, State, Zip Code		
EMPLOYMENT HISTORY			
Have you ever been employed by the City of Tontitown?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, specify dates of employment

May we contact your present employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
May we contact you at your present employer's?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
In order that we may verify prior experience, have you used another name in your previous jobs?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, specify name and employer:

Please list employment history for at least the past seven (7) years in chronological order with most recent position first. (If your present or last job was held more than 7 years, include previous job held.) Please use additional sheet if you need more space to note the required job history.

Employer	Dates Employed	Salary	Job Description	Supervisor	Reasons for Leaving
	From: _____ To: _____	Starting: _____ Ending: _____			
	From: _____ To: _____	Starting: _____ Ending: _____			
	From: _____ To: _____	Starting: _____ Ending: _____			
	From: _____ To: _____	Starting: _____ Ending: _____			
	From: _____ To: _____	Starting: _____ Ending: _____			

REFERENCES

In addition to current and former supervisors above, please list three additional professional or personal references below that we may contact.

Name	Address & Phone No.	Relationship	How long have you known them?

GENERAL INFORMATION

Please note any activities and positions held in civil, community, school organizations or professional societies. You are not to list activities which may disclose your race, color, religion, disability, national origin or any other protected characteristics.

Since age 18, have you ever been convicted or plead guilty to any violation(s) of law other than minor traffic violations? A conviction will not necessarily disqualify you for employment. YES NO

If yes, please describe in full below:

PLEASE READ BEFORE SIGNING

I certify that all answers and statements made by me on this application, plus any additional written and oral information (i.e. in resume or interview) provided by me are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that any falsification, misrepresentation or material omission of information submitted on this application will constitute grounds for denial or immediate dismissal from employment.

I authorize all persons, schools, employers, credit bureaus and other organizations mentioned in this application to provide the City of Tontitown with any and all information requested by the City of Tontitown related to my qualifications for employment. I hereby release the City of Tontitown and any other persons or entities from any and all liability related to the provision of such information.

I understand that nothing in this application for employment is intended or should be construed as an offer, agreement, or contract of employment. No one is authorized to offer me employment with the City of Tontitown except in writing, and I should not make any plans based on what anyone tells me orally.

I further understand that any job offer will be contingent upon a determination as to whether replies to pre-employment screenings including drug screening, background, and consumer report checks are qualified as acceptable; the content and scope of which will be furnished to me if I make a written request for such information within a reasonable time.

I understand that employment at the City of Tontitown is “at-will”, which means that both the employer and the employee are free to terminate the employment relationship at any time, with or without notice or cause.

In the event that I am employed by the City of Tontitown, I agree to comply with all of its employment policies. The City of Tontitown reserves the right to change or amend policies from time to time.

Print Name: _____

Legal Signature of Applicant: _____ Date _____

BACKGROUND REPORT

As part of the pre-employment process with the City of Tontitown, applicants are subject to a background check that will verify Social Security Number; and identify addresses used in the United States and disclose felony and/or misdemeanor convictions. In addition, other areas may be investigated depending on the nature of the duties and responsibilities of the position for which the applicant is applying. The principal purpose for requesting your date of birth is to conduct a background check. State and Federate statutes authorize the maintenance of this information and the City of Tontitown is responsible for maintaining this information.

I hereby acknowledge and authorize, as part of the pre-employment process, the City of Tontitown and/or companies affiliated with it to obtain a consumer report and a criminal background report of convictions or guilty pleas to be eligible for employment. I understand that I have the right within a reasonable period of time to request the source of this information.

Date ___/___/___ Signature of Applicant: _____

Date of Birth ___/___/___ (for background check purposes only)

DRUG SCREENING

I hereby given consent to undergo drug screening as part of the pre-employment process and understand that the results thereof will be used to further determine my eligibility for employment. I further understand that if a detectable presence of illegal drug(s) is revealed as a result of the screening procedures, I will be disqualified from further hiring consideration.

Date ___/___/___ Signature of Applicant: _____

Social Security No. ___/___/___

**CONSUMER REPORT
DISCLOSURE AND AUTHORIZATION**

By this document, the City of Tontitown and/or companies affiliated with it disclose to me that a consumer report on me may be obtained for employment purposes as part of the pre-employment process and, if I am granted employment, a consumer report may be obtained at any time during my employment. Upon my request to the City of Tontitown and/or companies affiliated with it, I will be informed of whether a consumer report was requested and, if so, the name and address of the consumer reporting agency that furnished the report.

By signing below, I hereby authorize the procurement of a consumer report on me by the City of Tontitown and/or companies affiliated with it, and acknowledge that this authorization shall remain on file and shall serve as an ongoing authorization for Crystal Bridges and/or companies affiliated with it to procure such consumer reports at anytime during my employment.

Name (Please Print)	First	Middle Initial	Last
<hr/>			

<u>Street Address</u>
<u>City, State, Zip Code</u>

Signature

<u>Social Security No.</u>	<u>Date</u>
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**INDIVIDUAL DRIVER RECORD
REQUEST AUTHORIZATION**

I hereby authorize the City of Tontitown or its insurance broker/company to obtain my individual driving record from my applicable state Department of Motor Vehicles, for the purposes of ascertaining my qualification to operate any City of Tontitown owned or leased vehicle, or my personal vehicle in connection with any work related activity for the City of Tontitown.

Last Name	First Name	Middle Name	Driver License Number	State	Date of Birth

Signature

Date