

CITY OF PARAGOULD

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

301 W. COURT STREET, PARAGOULD, AR 72450

PHONE (870)239-7511 FAX (870)239-7509

Our policy is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, age, religion, creed, national origin, sex, disability, veteran or marital status, or any other legally protected status. If you are a person with a disability and need an accommodation in the application process, please notify the Human Resources Director.

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

GENERAL INFORMATION

Name _____ Date _____

Other names used while employed, if any _____

Home Address _____ City _____ State _____ Zip _____

Phone Number(s) Home # _____ Cell # _____

In case of emergency, notify: _____ Telephone # _____

Position applying for (Check one): Sanitation/General Labor _____ Firefighter _____ Office _____ Parks & Rec _____

Parks Maintenance _____ Patrol Officer _____ Police Dispatcher _____ Part-time Seasonal _____

Are you 18 years old or older? _____ Yes _____ No

If you are applying for Patrol Officer or Firefighter, are you 21 years old or older? _____ Yes _____ No

Are you presently employed? _____ Yes _____ No May we contact your present employer for reference? _____ Yes _____ No

Have you previously been employed by the City of Paragould? _____ Yes _____ No

If yes, Date employed--From: _____ To: _____ Position held _____

Please list all friends or relatives employed by the City of Paragould.

First/Last Name	Position	Relationship
-----------------	----------	--------------

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which have not been annulled or expunged or sealed by a court? _____ Yes _____ No

Are there any felony charges presently pending against you? _____ Yes _____ No

If you answered yes to either of the above questions, describe: _____

Note: Conviction or felony charges will not necessarily disqualify an applicant.

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

List all licenses you hold: (Drivers, First Aid, CPR, EMT, etc.)

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

**REFERENCES
(DO NOT LIST RELATIVES)**

Name	Phone Number	Occupation	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EDUCATION

Type of School	School Name & Location	Course of Study	Diploma/Degree
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

Describe any specialized training, apprenticeship, and skills. _____

Describe any job-related training received in the United States military (Please attach copy of DD214).

Please indicate any additional experience and training you have had which in your opinion would qualify you for the position you seek (List Seminars Attended and attach copies of certificates):

**FOR DRIVER APPLICANTS ONLY:
(for all positions required to drive city vehicles)**

Have you ever had your personal or commercial motor vehicle operator's license, permits, or privilege denied, revoked or suspended? _____ Yes _____ No If yes, complete below:

Denied	Revoked	Suspended	Type of license	Date	State	For how long	Reason
_____	_____	_____	_____	_____	_____	_____	_____

Have you been convicted or forfeited bond or collateral for violation of motor vehicle laws or ordinances (other than parking) during the past four (4) years from the date of this application? _____ Yes _____ No If yes, List those violations below:

Date	Nature of violation	State	Penalty	Points
_____	_____	_____	_____	_____

Have you had any commercial motor vehicle accidents? _____ Yes _____ No List below all accidents you have had while operating any type of motor vehicle during the past five (5) YEARS:

Date	Nature of accident	Type of Vehicle	Where on/off road	Ticket Issued	To whom
_____	_____	_____	_____	_____	_____

Previous Employment:
List all employment (including military service for at least the past ten (10) years)

Begin with your most recent and work back. Include explanation of any gaps in employment. Attach additional sheets or resume providing sufficient qualifying experience data.

Firm Name _____	Address _____
City _____	State _____ Zip _____ Telephone _____
From _____	To _____ Job Title _____
Primary Responsibilities _____	Hourly Rate/Salary \$ _____
Name of Direct Supervisor _____	Telephone _____
Reason for Leaving _____	Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Worker _____	Telephone _____

Firm Name _____	Address _____
City _____	State _____ Zip _____ Telephone _____
From _____	To _____ Job Title _____
Primary Responsibilities _____	Hourly Rate/Salary \$ _____
Name of Direct Supervisor _____	Telephone _____
Reason for Leaving _____	Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Worker _____	Telephone _____

Firm Name _____	Address _____
City _____	State _____ Zip _____ Telephone _____
From _____	To _____ Job Title _____
Primary Responsibilities _____	Hourly Rate/Salary \$ _____
Name of Direct Supervisor _____	Telephone _____
Reason for Leaving _____	Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Worker _____	Telephone _____

Firm Name _____	Address _____
City _____	State _____ Zip _____ Telephone _____
From _____	To _____ Job Title _____
Primary Responsibilities _____	Hourly Rate/Salary \$ _____
Name of Direct Supervisor _____	Telephone _____
Reason for Leaving _____	Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-Worker _____	Telephone _____

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

_____Initials

I understand where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with the City of Paragould.

_____Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the City of Paragould.

_____Initials

I hereby certify that the information given by me is true in all respects. I authorize the City of Paragould and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

_____Initials

I understand employment with the City of Paragould is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____Initials

I expressly understand and agree that, if employed, my employment, having no specific term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the City of Paragould or me) without prior notice to the other, unless otherwise prohibited by law.

_____Initials

I understand that no representation, whether oral or written, by any representative or agent of the City of Paragould, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the City of Paragould has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or an authorized representative.

_____Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should contact the Human Resources Office and update their application. Phone# (870) 239-7511 or email – tisha.baldwin@paragouldcity.org

NOTE; An offer of employment is conditioned upon complying with the City of Paragould’s requirements including, but not limited to signing a consent to conduct a background investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant’s Signature _____ Date _____

**NOTICE TO APPLICANTS
AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY**

In compliance with Federal, State and Local Equal Employment Opportunity Laws and Regulations, qualified applicants shall not be discriminated against because of Race, Color, Religion, Sex, National Origin, Age, Marital Status, Veteran or Vietnam Veteran Status, Disability, Height or Weight.

To help us comply with Equal Employment Opportunity record keeping and reporting requirements we would appreciate you giving us the following information on a voluntary basis.

This information will be kept in a confidential file separate from your personnel file and will not be used to discriminate against you.

DO NOT PROVIDE ANY IDENTIFYING INFORMATION ON THIS FORM (Name, Date of Birth, Social Security Number, etc. should not be placed anywhere on this form).

Date: _____

Position Applied For: _____

Race/Ethnic Group:

Asian: _____ Hispanic _____ Black _____ American Indian _____ White _____ Other _____

Sex: Male _____ Female _____

How did you learn about this job opening?

_____ **Newspaper advertisement**

_____ **Friend or relative currently employed by the City of Paragould**

_____ **Professional/Trade Publication**

_____ **City of Paragould Web Site**

_____ **On-line job site**

_____ **Phone inquiry**

_____ **Other:** _____