

City of Little Flock
1500 Little Flock Drive
Little Flock, AR 72756

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Last Name _____ First Name _____ M.I. _____

Social Security # _____ Date of Birth _____

Current Street Address

City _____ State _____ Zip Code _____

Phone _____ E-Mail Address _____

Driver's License Number _____ State Issued _____ Date you can Start Work _____

Are you 18 Years of Age or Older? Employment Desired Rate of Pay Expected

YES Full Time _____

NO Part Time

Position Applying For _____

Have you ever worked for the City of Little Flock before?

YES

NO

Have you ever been convicted of a crime? (List all crimes including and which you were convicted, pled guilty to, pled "No Contest to, or pled to a lesser offense?)

EDUCATION (List all High Schools and Colleges Attended)

School Attended

Did you Graduate

YES

NO

Degree/Diploma

School Attended

Did you Graduate

YES

NO

Degree/Diploma

School Attended

Did you Graduate

YES

NO

Degree/Diploma

School Attended

Did you Graduate

YES

NO

Degree/Diploma

Special Skills and Qualifications (List any special skills and qualifications)

EMPLOYMENT HISTORY

(List below your employment history for the past 10 years. Account for ALL periods of time beginning with your most recent employer. Include part-time work, temporary work, military service and periods of unemployment. Continue on separate piece of paper if necessary.)

Employer Name

Dates of Employment

From

To

Address

City

State

Zip
Code

Department

Phone

Job Titles and Duties

Reason for Leaving

Employer Name

Dates of Employment

From

To

Address

City

State

Zip
Code

Department

Supervisor

Phone

E-Mail Address

Job Title and Duties

Reason for Leaving

Employer Name

Date of Employment

From

To

Address

City _____ State _____ Zip Code _____

Department _____ Supervisor _____

Phone _____ E-Mail Address _____

Job Title and Duties _____

Reason for Leaving _____

Employer Name _____

Dates of Employment From _____ To _____

Street Address _____

City _____ State _____ Zip Code _____

Department _____ Supervisor _____

Phone _____ E-Mail Address _____

Job Title and Duties _____

Reason for Leaving _____

REFERENCES (Please list three references other than relatives or previous employers, whom you have known at least one year)

Name

Phone Number

Address

Name

Phone Number

Address

Name

Phone Number

Address

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the City of Little Flock to investigate all statements in this application and to secure any necessary information from my employers, references and academic institutions. I hereby release all of these employers, references, academic institutions and the City of Little Flock from all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the City. I understand that any false or misleading statements will result in the rejection of this application or, if employed at the time of discovery, the termination of my employment. In the event of my employment with the City, I will comply with all the official policies and the City set forth in any City policy manual or the other communications distributed by the City.

In case of Emergency Notify:

Phone Number

Signature of Applicant

Date