

APPLICATION FOR EMPLOYMENT



CITY OF ARKADELPHIA
FIRE DEPARTMENT
610 CADDO ST.
ARKADELPHIA, AR 71923

An Equal Opportunity Affirmative Action Employer

Position Applying for: Full Time Firefighter: _____ Part Time/Paid-per-call _____

Name _____ Are you 18 or older _____
(Last) (First) (Middle)

Drivers License # & State _____ Social Sec. # _____

Mailing Address _____

Telephone number where you may be reached _____
or a message may be left for you.

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

PREVIOUS EMPLOYMENT: List all employment (Including military service) for at least the
past five (5) years. Begin with your most recent employment and work back. You may attach
additional sheets or a resume to provide sufficient qualifying experience data.

From _____ To _____

Job Title _____ Annual Salary\$ _____

Firm Name _____ Address _____

Name of Direct Supervisor _____ Phone _____

Reason for Leaving _____

Description of Work _____

From _____ To _____

Job Title _____ Annual Salary\$ _____

Firm Name _____ Address _____

Name of Direct Supervisor _____ Phone _____

Reason for Leaving _____

Description of Work _____

From _____ To _____

Job Title _____ Annual Salary\$ _____

Firm Name _____ Address _____

Name of Direct Supervisor _____ Phone _____

Reason for Leaving _____

Description of Work _____

From _____ To _____

Job Title _____ Annual Salary\$ _____

Firm Name _____ Address _____

Name of Direct Supervisor _____ Phone _____

Reason for Leaving _____

Description of Work _____

EDUCATION:

Did you graduate from High School? () Yes () No

Name and address of High School _____

Last grade completed and date of completion or graduation _____

College, University, Trade, Business, Correspondence	Dates of Attendance	Major Areas of Study	Semester Hours	Degree's Granted	Date left or Graduated

Can you perform the duties of the job for which you are applying? () Yes () No

If No, please explain: _____

Specify equipment or office machines you operate: _____

Are you related to any member of the Arkadelphia City Council or any person now in the employment of the City of Arkadelphia: () Yes () No.

If yes, give person's name, where employed, and relationship to you:

Person to be notified in case of emergency:

(Name) (Address) (Telephone)

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

Name	Address	Telephone	Occupation

List any arrests for which you were convicted or paid fines:

Date	Location	Charge

Please indicate any additional experience and/or training you have had, which, in your opinion, would qualify you for the position you seek:

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information in my statements and in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to the city or its authorized representative any and all employment record and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be as valid as the original.

I understand that this appointment will be at the discretion of the department head concerned; subject to the approval of the Chief Administrative Officer and that this application is the property of the City of Arkadelphia and will become a part of my file if I am accepted for employment.

Signature of Applicant: _____ **Date:** _____