

City of Ward  
P.O. Box 237  
Ward, AR 72176

**APPLICATION FOR EMPLOYMENT**

POSITION APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Are you 18 years of age or older? YES \_\_\_ NO \_\_\_ EMAIL: \_\_\_\_\_

Telephone no. where you may be reached: \_\_\_\_\_

Do you have the legal right to work and remain in the U.S.? YES \_\_\_ NO \_\_\_

If hired, can you produce evidence of U.S. citizenship or legal work status within three (3) days? YES \_\_\_ NO \_\_\_

**PREVIOUS EMPLOYMENT:** List all employment (including military service for at least the past five (5) years.)  
Begin with your most recent, and work back. Attach additional sheets or resume to provide sufficient qualifying  
data.

1.) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Job Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Direct Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Work: \_\_\_\_\_

2.) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Job Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Direct Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Work: \_\_\_\_\_

3.) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Job Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Direct Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

Did you graduate from High School?      YES \_\_\_ NO \_\_\_

Name and Address of High School: \_\_\_\_\_

\_\_\_\_\_  
Grade Completed: \_\_\_\_\_

If you attended college, university, a trade or business school, or a correspondence school, please fill out the following:

Name of School: \_\_\_\_\_

Major Areas of Study: \_\_\_\_\_ Semester Hours: \_\_\_\_\_

Degrees Granted: \_\_\_\_\_

Name of School: \_\_\_\_\_

Major Areas of Study: \_\_\_\_\_ Semester Hours: \_\_\_\_\_

Degrees Granted: \_\_\_\_\_

Name of School: \_\_\_\_\_

Major Areas of Study: \_\_\_\_\_ Semester Hours: \_\_\_\_\_

Degrees Granted: \_\_\_\_\_

\_\_\_\_\_

Can you perform the duties for the job for which you are applying? YES \_\_\_ NO \_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

List all licenses that you hold: (Drivers, Electricians, ect.)

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

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Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Please specify equipment and/or office machines you can operate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to be notified in case of an emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** Please list the names, phone numbers, addresses, and occupations of three persons, other than relatives, who have knowledge of your character, experience, and ability.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

In addition to your work history, what other experiences, skills, or qualifications would especially qualify you for work with the City of Ward?

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**APPLICANT INFORMATION FOR RECORD KEEPING REQUIREMENTS**

(Answer All Questions and Please Print)

The City of Ward is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize you opportunity for employment with the City of Ward.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Title for the job for which you have applied: \_\_\_\_\_

**Sex and Race Identification**

Sex (Please Check One) MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

Race/Ethnicity: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows. Please check the category which identifies your race/ethnic background.

\_\_\_ WHITE:

(Not of Hispanic origin) All persons having origin in any of the original peoples of Europe, North America or the Middle East.

\_\_\_ BLACK:

(Not of Hispanic origin) All persons having origin in any of the black racial groups of Africa.

\_\_\_ HISPANIC:

All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

\_\_\_ ASIAN or PACIFIC ISLANDERS:

All persons having origins in any of the original peoples of the Far East, Southern Asia, the Subcontinent or the Pacific Islands (Ex: China, Japan, Korea, the Philippine Islands, and Samoa.)

OTHER (please specify :) \_\_\_\_\_

By signing I am agreeing that I understand that I am protected by various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion, age (if over the age of forty) and, in some circumstances, disability or veteran status. I further understand that the information contained in this form is to be used solely in equal employment record keeping, reporting and legal requirements. I also understand that this information will be kept in the strictest of confidence and will not be disclosed to others except for the above stated purpose and then only if necessary.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: The information provided on this form will be kept separate from the employment application forms.*

**EMPLOYEE STATEMENT**

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 any 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 given by me in my application will be investigated, with my full permission, and that any misrepresentation 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 records 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 seen 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 Mayor and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_