



City of Jacksonville

Application for Employment

Equal Opportunity Employer

#1 Municipal Dr. Jacksonville, Arkansas 72076 (501)982-4671 FAX (501)982-4670

We consider application for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Previous Names Used	Last Name	First	Middle
Address		City	State Zip
If not a resident at current residence for 2 years, give previous address and phone number:			
Home Number	Cell	Work	Email
Drivers License # and State	How did you hear about this position?	Type of employment? <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Seasonal	
Position Applied For:			Date:
Have you ever been convicted of a felony? (A past criminal history does not necessarily disqualify an applicant from employment.) <input type="radio"/> YES <input type="radio"/> NO If yes, describe fully:			

Available for work: ____/____/____	Desired salary: \$ _____
Are you legally eligible for employment in the U.S.?	<input type="radio"/> YES <input type="radio"/> NO
**If offered employment, you will be required to provide documentation to verify eligibility.	
Have you ever been employed with the City of Jacksonville before?	<input type="radio"/> YES <input type="radio"/> NO
If so, when? _____	
Are you at least 16 years of age?	<input type="radio"/> YES <input type="radio"/> NO
Are you at least 20 ½ years of age? (Police and Fire only)	<input type="radio"/> YES <input type="radio"/> NO
Do you have any friends or relatives who work for the City of Jacksonville?	<input type="radio"/> YES <input type="radio"/> NO
If YES, name and relationship _____	
Are you currently employed?	<input type="radio"/> YES <input type="radio"/> NO
May we contact your present employer:	<input type="radio"/> YES <input type="radio"/> NO
In case of an emergency, who should we contact?	
Name: _____	Home: _____ Cell: _____
Address: _____	Relation: _____

EDUCATION

School	Name and City/State	Course of Study	From Mo / Yr	To Mo / Yr	Diploma / Degree
High School					
College					
College					
Other (Specify)					

WORK EXPERIENCE (Must be completed even if you supply us with a resume)

Employer	Dates Employed		Job Duties
Address	From	To	
Phone Number			
Job Title	Pay Rate / Salary		
Supervisor			May we contact: <input type="radio"/> YES <input type="radio"/> NO
Reason for Leaving			Were you fired? <input type="radio"/> YES <input type="radio"/> NO

Employer	Dates Employed		Job Duties
Address	From	To	
Phone Number			
Job Title	Pay Rate / Salary		
Supervisor			May we contact: <input type="radio"/> YES <input type="radio"/> NO
Reason for Leaving			Were you fired? <input type="radio"/> YES <input type="radio"/> NO

Employer	Dates Employed		Job Duties
Address	From	To	
Phone Number			
Job Title	Pay Rate / Salary		
Supervisor			May we contact: <input type="radio"/> YES <input type="radio"/> NO
Reason for Leaving			Were you fired? <input type="radio"/> YES <input type="radio"/> NO

Comments: (Include explanation of any gaps in employment)

Describe any specialized training, apprenticeship and skills.

ADDITIONAL INFORMATION

Other Qualifications *(Summarize special job-related skills and qualifications acquired from employment or other experience)*

PERSONAL / PROFESSIONAL REFERENCES *(DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS)*

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