

**City of Elkins
Police Department**

Po Box 501 / 348-B North Center St., Elkins, AR 72727
Phone (479) 643-2600 Fax (479) 643-4166

EMPLOYMENT APPLICATION

OFFICE USE ONLY

APPROVED

DISAPPROVED

REASONS:

BY:

INSTRUCTIONS: *Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

Position Applied For: _____ Social Security Number: _____

Last Name: _____ First: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Message Phone: _____ E-Mail: _____

Please Check Appropriate Response

1. Have you ever worked for the City of Elkins? Yes No

If yes, please give date(s) of employment. _____

2. Are you a U.S. citizen? Yes No

3. Will you work night shift? Yes No

Will you work weekends? Yes No

Will you be available for call? Yes No

4. Have you ever been fired, forced to resign, or resigned in lieu of termination? Yes No

If yes, please explain below:

Employer's Name: _____ Date: _____

Reason: _____

5. Are you related to a City employee or is any member of your family employed by the City of Elkins?

Yes No If yes, please give the person's:

Name: _____

Relationship: _____

Department: _____

6. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law other than minor traffic related offenses?

Yes No

If yes, please give details below:

Date: _____

Agency: _____

Offense/Charge: _____

Felony Misdemeanor

Outcome: _____

Note: A conviction does not automatically mean you cannot be employed by the City of Elkins. The nature of the offense, how long ago it occurred, etc., are given consideration.

Attach additional sheets as needed.

7. Were you in the U. S. Armed Forces?: Yes No

8. Did you receive an honorable discharge? Yes No

9. DRIVER'S LICENSE INFORMATION

Do you have a valid Driver's License? _____ Driver's License Number: _____ State: _____ Expiration Date: _____ CDL Class: _____ Endorsements: _____	Has your license ever been suspended? <input type="radio"/> Yes <input type="radio"/> No Has your license ever been revoked? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide dates and explain: _____ _____
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9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc., should be listed under number 6 on page 1).

Date: _____ Agency: _____ Offense/Charge: _____ Outcome: _____ Date: _____ Agency: _____ Offense/Charge: _____ Outcome: _____	Date: _____ Agency: _____ Offense/Charge: _____ Outcome: _____ Date: _____ Agency: _____ Offense/Charge: _____ Outcome: _____
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If you have more than four citations within the last seven years, please attach a separate sheet in the same format.

10. EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? Yes No GED? Yes No Date obtained: _____

If not, highest grade completed: _____

Name and location of last High School attended: _____

Name	City	State
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List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Received		Did you graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Last Salary \$ _____ per _____						May we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No
Specific Duties: _____						

Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 2) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Last Salary \$ _____ per _____						
Specific Duties: _____						

Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 3) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Last Salary \$ _____ per _____						
Specific Duties: _____						

Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 4) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Last Salary \$ _____ per _____						
Specific Duties: _____						

Number of Employees supervised (if applicable): _____						

NOTE: We may contact previous employers to verify employment information.

Did You:

- Include your social security number?
- Answer all questions completely?
- Cover a full 10-year employment history?
- Explain all gaps in employment?
- Complete application supplement, if applicable?
- Submit copies of documents requested, if applicable?
- Sign and date the application?

Please read this statement carefully before signing below:

The City of Elkins is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Elkins is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification.

Subsequent to an offer of employment, I give my voluntary consent to be medically and psychologically examined and to provide a sample of urine or blood, which may be tested for use of drugs and/or controlled substances.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

SIGN YOUR NAME HERE

DATE

NOTICE TO APPLICANT OF INTENT
TO CONDUCT A BACKGROUND INVESTIGATION

Dear Applicant,

In connection with your application for employment, we would like to procure certain background information concerning you. We will do this by contacting previous employers, references, and conducting criminal and traffic record checks.

Before we do, you must authorize such procurement in writing. You have the right to decline authorization for us to conduct this background investigation. However, we will not consider you further for employment if you so decline. On the bottom of this form, you will find a release, which will allow us to conduct the background investigation. Please read the release carefully before signing it and indicating your choice regarding disclosure.

RELEASE TO CONDUCT A BACKGROUND INVESTIGATION

I have read the "Notice to Applicant of Intent to Conduct a Background Investigation."

I understand that I have the right to decline authorization for the City of Elkins to conduct a background investigation concerning me.

Understanding these rights,

(initial appropriate response)

_____ I expressly authorize, without reservation, the City of Elkins, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights that claims I may have regarding the employer, it agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

_____ I do not authorize the City of Elkins to conduct a background investigation concerning me.

NAME (Print Please)

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

WITNESS
