FULL-TIME/PART-TIME EMPLOYMENT APPLICATION

CITY OF WRIGHTSVILLE
13024 Highway 365
Little Rock, Ar. 72206

(501) 897-4547 phone
(501) 897-5647 fax

JOB INFORMATION	
POSITION TITLE:	DEPARTMENT (CIRCLE ONE): ADMINISTRATIVE/COURT/STREET-SANITATION

PERSONAL INFORMATION		
FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
EMAIL ADDRESS		

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? YES ☐ NO ☐
IF NO, DID YOU RECEIVE A G.E.D.? YES ☐ NO ☐

SCHOOL NAME	CITY	STATE

HIGHER EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
☐ High School or GED ☐ Some College ☐ Associate's Degree ☐ Technical College ☐ Bachelor's Degree
☐ Master's Degree ☐ Doctorate

VOCATIONAL / TECHNICAL / COLLEGE / UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	# OF HOURS COMPLETED:
MAJOR		

SCHOOL NAME		DEGREE RECEIVED
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES ☐ NO ☐	# OF HOURS COMPLETED:
MAJOR		

DRIVER'S LICENSE INFORMATION		
IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES ☐ NO ☐ LICENSE #_____	STATE WHERE ISSUED	CLASS

LIST SKILLS AND TRAINING / CERTIFICATES AND LICENSES

WORK HISTORY			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY	STATE	ZIP
SALARY	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐		Hours worked per week	
DUTIES			
REASON FOR LEAVING			

WORK HISTORY			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY	STATE	ZIP
SALARY	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐		Hours worked per week	
DUTIES			
REASON FOR LEAVING			

WORK HISTORY			
DATES From To	EMPLOYER	POSITION TITLE	
ADDRESS	CITY	STATE	ZIP
SALARY	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐		Hours worked per week	
DUTIES			
REASON FOR LEAVING			

SKILLS		
OFFICE SKILLS	DATA ENTRY / KEYBOARDING (Speed and Accuracy):	
OTHER SKILLS		
SKILL	SKILL LEVEL ☐ BEGINNER ☐ SKILLED ☐ EXPERT	EXPERIENCE: YEARS _____ MONTHS_____
REFERENCES:		
Name & Phone #: 1) _____	2)_____	

APPLICANT DECLARATIONS

My signature below indicates that I understand failure to complete this form accurately and thoroughly may result in disqualification.

- **if an investigation discloses misrepresentation or falsification of any information on this form or its attachments, my application may be rejected, my name removed from an eligibility list, and if I am already employed, I may be terminated.**
- **if a medical examination may be required if I am offered employment. I understand that the position for which I have applied may require a drug and alcohol screening and background investigation.**
- **this application and any other documents I have received in connection with my application, does not constitute a contract of employment either collectively or singularly.**
- **should I be selected for employment with the City of Wrightsville, the terms and conditions of my employment are governed by the Administrative Personnel Policy and Procedure Manual, and, if applicable, the Rules and Regulations of the City of Wrightsville.**
- **my application for employment once submitted, is subject to disclosure as a public record under the Arkansas Freedom of Information Act upon request by a citizen of the state of Arkansas.**

I, for the purpose of determining my eligibility for employment, authorize any of the persons or organizations referenced in any of my application documents to give the City of Wrightsville any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered in these application documents or relevant to this application process. I release all such parties and the City of Wrightsville from all liability for any damage that may result from furnishing such information. I also authorize the City of Wrightsville to request and receive such information. A copy of this authorization shall be deemed as effective as the original and shall be in effect for one year from today's date.

I understand that a felony conviction related to any current or previous office, position or employment with any office, department, commission, council, board, committee, legislative body, agency, or other establishment of the executive, judicial, or legislative branch of the state, municipality, county, school district, institution of higher education, improvement district, or any political district or subdivision will result in being ineligible for employment with the City of Wrightsville. By signing this application, I am certifying that: (1) I understand and acknowledge the pre-employment conditions listed in this section; (2) I authorize relevant information, as addressed in this section, to be provided to the City of Wrightsville; (3) My application form and all related documents submitted contain no false information and are complete, truthful and accurate to the best of my knowledge; and (4) I am in compliance with the Military Selective Service Act.

I have read and understand the above information.

X_____ _____

SIGNATURE OF APPLICANT **DATE:**

NOTE TO APPLICANTS - Please read carefully!!!

If you have a disability and require reasonable accommodation in the application and/or testing process, please submit a request for Reasonable Accommodation to the Mayor in writing, by telephone (501-897-4547) or in person. To avoid unnecessary delay, please submit your request and documentation of the need for accommodation at least 48 hours in advance of the time the accommodation is needed.

OTHER QUESTIONS (OPTIONAL)

The purpose of the following questions is to obtain additional information required to evaluate our hiring process as well as to prepare statistical reports required by Federal and State agencies.

1. Race Identification

- ☐ Caucasian
- ☐ Asian
- ☐ Hispanic
- ☐ Two or More Races
- ☐ Unknown
- ☐ Black
- ☐ American Indian or Native Alaskan
- ☐ Other
- ☐ Native Hawaiian or Other Pacific Islander

2. ☐ Male ☐ Female

3. How did you learn about this job? (Check Only One)

- ☐ Arkansas Democrat Gazette
- ☐ Business / Vocational School
- ☐ City of Wrightsville Employee
- ☐ College / University
- ☐ Wrightsville City Hall Job Posting
- ☐ Internet / Web Search
- ☐ Private Employment Agency
- ☐ Arkansas Department of Workforce Services
- ☐ Relative or Friend
- ☐ Social / Civic Organization