

**City of Eureka Springs**

City Offices

44 South Main

Eureka Springs, Arkansas 72632

479-253-9703

**JOB APPLICATION FORM**

NAME \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last) (First) (Middle)

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

CURRENT TELEPHONE OR NUMBER WHERE YOU COULD BE REACHED: \_\_\_\_\_

POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

If hired, can you produce evidence of U.S. Citizenship or legal work status within three (3) days? \_\_\_\_\_

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

From \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Company Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
Name of Direct Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Company Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
Name of Direct Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Name of Direct Supervisor: \_\_\_\_\_  
 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 School	Dates of Attendance	Major Areas of Study	Semester Hours	Degrees Granted	Date Left or Graduated

Can you perform the duties of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, please explain? \_\_\_\_\_

List all licenses you hold: (Driver's , electrician, plumbers, CDL, etc.)

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

Specify equipment or office machines you operate: \_\_\_\_\_  
 \_\_\_\_\_

Are you related to any member of the elected city government or any person now in the employ of the city in any department?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give person's name, where employed and his/her relationship to you: \_\_\_\_\_  
 \_\_\_\_\_

Person to be notified in case of emergency: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

NAME	ADDRESS	PHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate any additional work experience and 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 answer to questions. I am aware that information given by me 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 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 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 City Council, and that this application is the property of the city and will become a part of my file if I am accepted for employment

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Signature of Applicant