

## Application for Employment

The Town of Springdale considers all applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**Please print or type:**

Position(s) Applied For:		Date of Application:		
Last Name		First Name	Middle Initial	
Address		City	State	Zip
Home Phone	Work Phone	E-Mail	Social Security Number	

If you are under 18 years of age, can you provide proof of your  
eligibility to work?

Yes  No

Have you ever been employed by us?

Yes  No

If yes, please give date and position.

\_\_\_\_\_ Date \_\_\_\_\_ Position

Are you currently employed?

Yes  No

If yes, may we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in the

U.S. because of Visa or Immigration status?

Yes  No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available to start work?

\_\_\_\_\_ Date

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?

Yes  No

Have you been convicted of a felony within the last 7 years?

Yes  No

If yes, please give the details:

In what jurisdiction did the conviction take place? \_\_\_\_\_

What was the nature of the conviction? \_\_\_\_\_

What was the date of the conviction? \_\_\_\_\_

## Education

	High	University/ College	Professional/ Graduate
School Name			
Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			

Describe course of study: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_

Describe any honors you received: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

List professional, trade, business or civic activities and offices held:

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

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## References

Give name, address and phone number of three references who are not related to you and are not previous employers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had job-related training in the United States military?  Yes  No  
If yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

Do you have a valid driver's license?  Yes  No

License # \_\_\_\_\_ Exp. \_\_\_\_\_ State of Issue \_\_\_\_\_

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## Employment Experience

Start with your present or last job. Include any job-related military experience. You must exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Wage/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Wage/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Wage/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## **SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience:

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## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize the Town of Springdale to access my driving record and acknowledge that said record may impact my employment eligibility.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized member of the Town specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

### ***For Personnel Department Use Only***

Arrange Interview       Yes       No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed       Yes       No      Employment Start Date \_\_\_\_\_

Job Title \_\_\_\_\_      Rate/Salary \_\_\_\_\_

By \_\_\_\_\_  
Name and Title \_\_\_\_\_      Date \_\_\_\_\_