



# CITY OF LONOKE

## APPLICATION FOR EMPLOYMENT

A new application must be submitted for each position for which you are applying. The completed application may be submitted to the Personnel Office at 107 West Second Street (wheelchair accessible). This application form is an important part of the employment process. Candidates for any position may be eliminated based on an evaluation of the application. Please answer all questions to the best of your knowledge. You may provide as much detail as you wish by adding extra sheets of information or a resume. False, incomplete or inaccurate information is cause for disqualification or discharge. If you need assistance completing this application, contact the Personnel Office at (501) 676 - 4300.

### GENERAL INFORMATION

Name (Last)		(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)		(City)	(State)	(Zip)
Other Telephone ( ) -				
Do you have a Valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Over 18 years old?	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State:	Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction will not necessarily disqualify an applicant for employment)				
If yes, describe conditions _____				

### POSITION

Department in which applying		Will Accept:	Shift:
<input type="checkbox"/> Administration <input type="checkbox"/> Community Center <input type="checkbox"/> District Court <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Parks & Recreation <input type="checkbox"/> Public Works (Animal Control, Street, Water & Wastewater)		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Salary Desired	Date Applying	Date Available	

### EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, list the highest grade completed _____						
<b>College, Business School, Military (Most recent first)</b>						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
List Special skills (Office equipment, machines, computers, software and / or Languages read, written or spoken fluently other than English.)						

### VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge	Type of Discharge
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**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES**

Name	Phone Number	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## CITY OF LONOKE

### APPLICANT INFORMATION FOR RECORD KEEPING REQUIRMENTS

The City of Lonoke is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patters and to provide, as requested, statistical data to certain Federal compliance agencies. This information will not be used in the employment process; and failure to provide the information will not jeopardize your opportunity for employment with the City of Lonoke.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SEX:             MALE             FEMALE

RACE / ETHNIC ORIGIN: For the purpose of Equal Opportunity, race / ethnic origin categories are identified as follows: Please check the category, which identifies your race / ethnic background.

- White / Caucasian: Not of Hispanic origin. All persons having origin in any of the original people of Europe, North America or the Middle East.
- Black: Not of Hispanic origin. All persons having origin in any of the black racial groups of Africa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander: All persons having origins in any of the original people of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands (Example: China, Japan, Korea, the Philippine Islands, Marshall Islands or Samoa.)
- American Indian or Alaskan Native: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Other: Please specify \_\_\_\_\_

I understand that I am protected by various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion, age and, in some circumstances, disability or veteran status. I further understand that the information contained in this form is to be used solely in equal employment record keeping, reporting and other legal requirements. I also understand that this information will be kept in the strictest of confidence and will not be disclosed to others except for the above stated purpose and then only if necessary.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **CITY OF LONOKE**

### **APPLICANT STATEMENT**

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.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentation may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of Lonoke 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 my appointment will be at the discretion of the department head, subject to the approval of the Mayor and that this application is the property of the city and will become a part of my permanent personnel file if I am accepted for employment.

If an offer of employment is made to you, the city may specify that it is contingent upon the results of a drug screening. I freely and voluntarily agree to submit to a pre-employment drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the city. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the city for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

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Applicant Signature

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Date