Heber Springs Water & Sewer Department Application for Employment

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

(Please Print) Driver's License #	Date of Applic	eation						
Position(s) Applied For								
Referral Source: Advertisement Frie	end □ Relative □Walk	-in						
□ Employment Agency	Other							
Name	FIRST	MIDDLE						
•								
Address	CITY	STATE ZIP CODE						
Telephone () AREA CODE	_ Social Security Number	er <u></u>						
If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No								
Have you filed an application here before? □ Y	es □No If yes, give date							
Have you ever been employed here before? □ Yes □ No If yes, give date								
Are you employed now? □ Yes □No May we contact your present employer? □Yes □ No								
Are you prevented from lawfully becoming employed? in the country 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 for work?								
Are you available to work: □ Full Time □ Part-	Time □ Shift Work □Temp	oorary						
Are you on a lay-off and subject to recall? □ Ye	es □ No							
Can you travel if a job requires it? □ Yes □No								

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

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Employer	Telephone	Date Em	7	Worked Performed
		From	То	worked renormed
Address				
Job Title		Hourly Ra	te/Salary	
		Starting	Final	_
Supervisor				
Reason for leaving				
Employer	Telephone	Date Em	ployed	
	() -	From	То	Worked Performed
Address				
Job Title		Hourly Ra	te/Salarv	
		Starting	Final	
Supervisor				
Reason for leaving				
Employer	Telephone	Date Em	ploved	
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Job Title	· · · · · · · · · · · · · · · · · · ·	Hourly Ra	to/Catomi	
Joo Tide		Starting	Final	
Supervisor				
Reason for leaving				
Employer	Telephone	Date Em	ployed	
1 0	() -	From	То	Worked Performed
Address				
Job Title		Hourly Ra	te/Salary	
		Starting	Final	
Supervisor				
Reason for leaving				·
If you n	eed additional space, plea	se continue	on a sepai	rate sheet of paper.
May we contact previou	us employer(s) for work	references	? □ Yes	□ ^f No
			Signature o	f Applicant

Additional Information

Summa	rize special skills and qualifications acquired from employment or other experience.
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Please	ofessional, trade, business or civic activities and offices held. exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, up or other protected status):
	
Give na	me, address and telephone number of three references who are not related to you and are not
reviou	s employers.

EDUCATION

Ele	ementary	у		Higl	n Sch	ool		Colle	ege/U	Jnive	rsity				
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4 5	6 7	8	9	10	11	12	·	1	2	3	4	1	2	3	4
								-							
			Elementary 4 5 6 7 8										Elementary High School College/University P	Elementary High School College/University Profes	

Honors Received: State any additional information you feel may be helpful to us in considering your application.

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.

This application for employment shall be considered active for a period of time not to exceed 30 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.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee 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.

Date

DATE

Signature of Applicant

NAME AND TITLE

For Personnel Department Use Only							
Arrange Interview Y	es [†] No						
Remarks							
Employed Yes N		Date of Employment Hourly Rate/					
Job Title	·	Salary	Department				