

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 Application _____

Position(s) Applied For _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in

☐ Employment Agency ☐ Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Social Security Number - -
AREA CODE

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ 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 ☐ Temporary

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain _____

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.

Employer	Telephone () -	Date Employed		Worked Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for leaving				
Employer	Telephone () -	Date Employed		Worked Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for leaving				
Employer	Telephone () -	Date Employed		Worked Performed
		From	To	
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Job Title		Hourly Rate/Salary		
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Employer	Telephone () -	Date Employed		Worked Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

May we contact previous employer(s) for work references? ☐ Yes ☐ No

Signature of Applicant

EDUCATION

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities				

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.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview ☐ Yes ☐ No

Remarks _____

Employed ☐ Yes ☐ No

Date of Employment _____

Job Title _____

Hourly Rate/

Salary _____ Department _____

By _____

NAME AND TITLE

DATE

Additional Information

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience.

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

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

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

Are you a Veteran of the U.S. Military Service? ☐ Yes ☐ No If yes, Branch _____