EMPLOYMENT APPLICATION
CITY OF FORT SMITH HUMAN RESOURCES DEPARTMENT

PO BOX 1908
FORT SMITH, AR 72902
PHONE 479-784-2221 (Human Resources)

INSTRUCTIONS: Please print. Applicants must complete all the blanks accurately and completely. Neatness and legibility are important. Questions may be directed to the Human Resources Department at the above address and telephone number.

The City of Fort Smith is an Equal Opportunity Employer

In accordance with the civil rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the City of Fort Smith prohibits discrimination in employment because of race, color, sex, religion, national origin, age or disability, or status as a Vietnam-era or special disabled veteran.

Title of Job & Department for Which You Are Applying:_____

Name: _____
(first) (middle) (last)

Address: _____
(number) (street) (apt.#) (city) (state) (zip)

Phone Number: _____
(home) (work) (cell)

Social Security No: _____ - ____ - _____ **Date Able To Start Work:** _____

Check All Types Of Work You Will Accept: _____Day work _____ Shift _____Evening _____Full-time _____Part-time

Circle Your Highest Education Level: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+
(Copies of diplomas and/or transcripts may be requested.)

Are you a high school graduate?	HIGH SCHOOL, COLLEGE, Business, Technical Schools Attended	City	State	Diploma/Degree	
				Type	Year
Yes _____ No _____					
or GED?					
Yes _____ No _____					

	YES	NO
1. If hired, can you show proof that you are legally eligible to work in the United States? In compliance with the Immigration Reform and Control Act of 1986, the City of Fort Smith requires that the identity and employment eligibility of all new employees be verified through completion of the INS Form I-9		
2. Have you been fired or asked to resign from a job? If "yes," explain.		
3. Have you ever pled guilty or been convicted of a crime in a civilian or military court? (This does not include Class "C" misdemeanor traffic violations which are more than three (3) years old.) If yes, please explain. If you have successfully completed a deferred adjudication or other probated sentence related to that crime, provide the date of completion and location of the court/agency administering the adjudication or probation.		
4. At the time of making this application, are you under felony indictment or charged with a misdemeanor criminal violation? If the answer is "yes", please describe the charge(s).		
5. Have you ever had your driver's license suspended or revoked? If "yes," explain.		
6. Are you now working or have your ever worked for the City of Fort Smith? If "yes," explain.		
7. Do you have any relatives, by blood or by marriage, working for or holding office for the City of Fort Smith? If "yes," explain.		
Failure to answer the above questions truthfully may result in immediate dismissal. Answers of "yes" to questions #2-7 will not necessarily disqualify you from employment. Your case will be considered in relationship to the requirements of the job for which you are applying.		
Special Qualifications and Skills: CDL License_____ Class_____		

Special Qualifications and Skills: List qualifications and skills you possess which are required for the job described in the official job announcement, such as driver's license (give type and number), typing and/or shorthand proficiency (give speeds), ability to operate specialized machinery or equipment, or professional registration or licensing (give type of registration or licensing, number, and expiration date). Indicate any training you have had which is directly related to the job.

Experience: Start with your present or most recent job. Include military service. Use additional sheets, if necessary, to show all relevant experience.

Employer's Name		Street Address		Type of Business
		City	State& Zip	
Dates Employed		Your Title	Supervisor's Name	
From	To		Phone #	
Starting Salary	Final Salary	Reason for Leaving		
Description of Duties, Responsibilities and Accomplishments				

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		City	State& Zip	
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From	To		Phone #	
Starting Salary	Final Salary	Reason for Leaving		
Description of Duties, Responsibilities and Accomplishments				

May the City of Fort Smith contact your present employer regarding your job-related employment record? Yes _____ No _____

References:

Name	Address	Phone	Yrs Known

READ THE FOLLOWING CAREFULLY:

I hereby certify the above information is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given and any misrepresentation on my part will constitute a release to the employer for any liability that he or she may encounter by having acted on such facts, and also constitutes grounds for my dismissal. I hereby authorize the City of Fort Smith to investigate the facts claimed by me.

I also understand that the City of Fort Smith is an "employment-at-will" employer and that the acceptance of an offer of employment does not create a contractual obligation upon the City of Fort Smith to continue to employ me in the future.

_____ Date

_____ Usual Signature of Applicant