

CITY OF CONWAY
EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER



The City of Conway is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, marital or veteran status, political status, disability status or other legally protected status.

Instructions:

- Fill out the application completely
- At date of hire: Firefighters must be between 21 and 32 years of age; Police must be at least 21 years of age.
- Applicant must have a valid Arkansas driver's license

PERSONAL:		Driver's License State:	Driver's License Number:
Name: (Last, First, Middle)		Social Security #:	Today's Date:
Address: (Number, Street, City, State, Zip)		Home Phone:	Work Phone:
Position Applying For: <div style="text-align: center;"> <input type="checkbox"/> Full <input type="checkbox"/> Part Time </div>		Referred By:	Date Available:
Have you ever worked for the City of Conway before? Yes No If Yes, give dates of employment, job and your name at the time of employment:			
Do you have any relatives employed by the City of Conway? Yes No If yes, please give all names and relationships to you:			
Have you ever been convicted of a felony, or discharged from military service with other than an honorable discharge? Yes No If yes, state the facts:			
<i>NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age and time since the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.</i>			
EDUCATION	Name & Location of School	Years Completed	Diploma or Degree Received
High School			
Tech/Vocational School			
College			
Special Skills and/or Licenses Held:			
U. S. MILITARY EXPERIENCE			
Branch	Dates of Service	Highest Rank Held and Military Occupation	

EMPLOYMENT HISTORY: (Begin with present or most recent employer)			
Time Employed	Name & Address of Employer & Immediate Supervisor	Position Held and Job Duties	Base Salary
From: Mo. Yr. To: Mo. Yr. Total Time:	Company: Address: City/State: Telephone: Supervisor:		\$ per
Reason for Leaving:			
Time Employed	Name & Address of Employer & Immediate Supervisor	Position Held and Job Duties	Base Salary
From: Mo. Yr. To: Mo. Yr. Total Time:	Company: Address: City/State: Telephone: Supervisor:		\$ per
Reason for Leaving:			
Time Employed	Name & Address of Employer & Immediate Supervisor	Position Held and Job Duties	Base Salary
From: Mo. Yr. To: Mo. Yr. Total Time:	Company: Address: City/State: Telephone: Supervisor:		\$ per
Reason for Leaving:			
May we contact your present employer for a reference? Yes No			
REFERENCES: Give names of three persons not relatives or former employers			
Name	Address	Occupation	Phone Number
AGREEMENT: Please read the following statement carefully			
<p>I understand that this application will remain active for 90 days only. I declare that my answers to the questions on this application are true, and give the City of Conway the right to investigate all references and secure additional information necessary. I understand that the use of this form does not indicate there are positions open and does not in any way obligate the City of Conway. I understand that falsification of information on this application or in any interview(s) constitutes reason for cancellation of my application or termination of my employment. I understand and agree that if I am employed, I will be employed "at will". Either the City or I may end the employment relationship at any time, for any reason. No representative of the City has the authority to change this agreement. I understand that I am required to abide by all rules and regulations of the City of Conway. I also declare that by signing this employment application, I certify I am in compliance with the Military Selective Service Act. This completed application form is subject to release under FOIA.</p>			
Signature of Applicant: _____		Date: _____	

Submit to:
Human Resources
1201 Oak Street
Conway, AR 72032
Phone: 501-450-6102
Fax: 501-513-3503