



City of Tontitown
 201 E Henri de Tonti Blvd
 Post Office Box 127, Tontitown, AR 72770
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 E-Mail adminasst@tontitownar.gov

Employment Application

Pre-Employment Questionnaire

Equal Opportunity Employer City of Tontitown is an Equal Opportunity Employer. The City of Tontitown complies with all applicable laws concerning hiring and employment practices. We pledge to hire, train, and promote our employees without regard to race, color, religion, national origin, sex, age, disability or any other fact prohibited by law or regulation.

INSTRUCTIONS: PLEASE PRINT LEGIBLY IN INK. Fill in ALL information requested in the spaces indicated. You may leave blank only areas where you are instructed to do so. Please check to make sure you have signed ALL the areas requiring your signature. **IMPORTANT:** It is important to FULLY complete your application. An incomplete application cannot be reviewed.

I UNDERSTAND THAT THIS EMPLOYMENT APPLICATION, AND ANY INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION, AN INTERVIEW OR ANY OTHER POINT IN THE PRE-EMPLOYMENT PROCESS, MAY BE SUBJECT TO PUBLIC INSPECTION AND COPYING AS PROVIDED BY THE ARKANSAS FREEDOM OF INFORMATION ACT (A.C.A. §§25-19-101 et. seq.) REGARDLESS OF WHETHER I AM EVENTUALLY OFFERED EMPLOYMENT. _____ (Initial).

APPLICANT INFORMATION	Social Security No.		
Last Name	First	M.I.	Date
Street Address		Apartment/ Unit #	
City	State	ZIP	
Phone	Alternate Phone		
Email Address	How were you referred to us?		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>		

If no, please indicate the type of alien certification you have, as required for work by federal law.

Name(s) any relatives employed by the City of Tontitown

Name	Relationship
Name	Relationship

PLACEMENT

What position are you applying for?

Starting salary you are seeking? \$_____ per _____	When could you begin employment ____/____/____
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What type of employment are you applying for? (Check all that apply)	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
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Are there any limitations as to days/hours you are able to work?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, note days & hours not available
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EDUCATION

High School	School Name	Did you graduate? YES <input type="checkbox"/> Date NO <input type="checkbox"/>	Major Course of Study and Degree Granted
	City, State, Zip Code		
College	School Name	Did you graduate? YES <input type="checkbox"/> Date NO <input type="checkbox"/>	Major Course of Study and Degree Granted
	City, State, Zip Code		
Other (Specify)	School Name	Did you graduate? YES <input type="checkbox"/> Date NO <input type="checkbox"/>	Major Course of Study and Degree Granted
	City, State, Zip Code		

EMPLOYMENT HISTORY		
Have you ever been employed by the City of Tontitown?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, specify dates of employment
May we contact your present employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
May we contact you at your present employers?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
In order that we may verify prior experience, have you used another name in your previous jobs?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, specify name and employer:

Please list employment history for at least the past seven (7) years in chronological order with most recent position first. (If your present or last job was held more than 7 years, include previous job held.) Please use additional sheet if you need more space to note the required job history.

Employer	Dates Employed	Salary	Job Description	Supervisor	Reasons for Leaving
	From: _____ To: _____	Starting: _____ Ending: _____			
	From: _____ To: _____	Starting: _____ Ending: _____			
	From: _____ To: _____	Starting: _____ Ending: _____			
	From: _____ To: _____	Starting: _____ Ending: _____			
	From: _____ To: _____	Starting: _____ Ending: _____			

REFERENCES

In addition to current and former supervisors above, please list three additional professional or personal references below that we may contact.

Name	Address & Phone No.	Relationship	How long have you known them?

GENERAL INFORMATION

Please note any activities and positions held in civil, community, school organizations or professional societies.

You are not to list activities which may disclose your race, color, religion, disability, national origin or any other protected characteristics.

Since age 18, have you ever been convicted or plead guilty to any violation(s) of law other than minor traffic violations? A conviction will not necessarily disqualify you for employment. YES NO

If yes, please describe in full below:

PLEASE READ BEFORE SIGNING

I certify that all answers and statements made by me on this application, plus any additional written and oral information (i.e. in resume or interview) provided by me are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that any falsification, misrepresentation or material omission of information submitted on this application will constitute grounds for denial or immediate dismissal from employment.

I authorize all persons, schools, employers, credit bureaus and other organizations mentioned in this application to provide the City of Tontitown with any and all information requested by the City of Tontitown related to my qualifications for employment. I hereby release the City of Tontitown and any other persons or entities from any and all liability related to the provision of such information.

I understand that nothing in this application for employment is intended or should be construed as an offer, agreement, or contract of employment. No one is authorized to offer me employment with the City of Tontitown except in writing, and I should not make any plans based on what anyone tells me orally.

I further understand that any job offer will be contingent upon a determination as to whether replies to pre-employment screenings including drug screening, background, and consumer report checks are qualified as acceptable; the content and scope of which will be furnished to me if I make a written request for such information within a reasonable time.

I understand that employment at the City of Tontitown is “at-will”, which means that both the employer and the employee are free to terminate the employment relationship at any time, with or without notice or cause.

In the event that I am employed by the City of Tontitown, I agree to comply with all of its employment policies. The City of Tontitown reserves the right to change or amend policies from time to time.

Print Name: _____

Legal Signature of Applicant: _____ Date _____

BACKGROUND REPORT

As part of the pre-employment process with the City of Tontitown, applicants are subject to a background check that will verify Social Security Number; and identify addresses used in the United States and disclose felony and/or misdemeanor convictions. In addition, other areas may be investigated depending on the nature of the duties and responsibilities of the position for which the applicant is applying. The principal purpose for requesting your date of birth is to conduct a background check. State and Federate statutes authorize the maintenance of this information and the City of Tontitown is responsible for maintaining this information.

I hereby acknowledge and authorize, as part of the pre-employment process, the City of Tontitown and/or companies affiliated with it to obtain a consumer report and a criminal background report of convictions or guilty pleas to be eligible for employment. I understand that I have the right within a reasonable period of time to request the source of this information.

Date ___/___/___ Signature of Applicant: _____

Date of Birth ___/___/___ (for background check purposes only)

DRUG SCREENING

I hereby given consent to undergo drug screening as part of the pre-employment process and understand that the results thereof will be used to further determine my eligibility for employment. I further understand that if a detectable presence of illegal drug(s) is revealed as a result of the screening procedures, I will be disqualified from further hiring consideration.

Date ___/___/___ Signature of Applicant: _____

Social Security No. ___/___/___

