



Eureka Springs, Arkansas

44 South Main Street
Eureka Springs, AR 72632

JOB APPLICATION FORM

(PLEASE PROVIDE FULL LEGAL NAME)

Application Date _____

Name: _____
(First) (Middle) (Last)

Mailing Address: _____

(City) (State) (Zip Code)

Current Telephone Number with Active Voice Mail: _____

Current Email Address: _____

Position applying for: _____ Desired salary range? _____

Type of employment desired: _____ Full-Time _____ Part-Time _____ Temporary _____ Seasonal

Are you related to any City Official(s) or City Employee(s)? YES _____ NO _____

If Yes, which City Official or Employee? _____

If you are under 18 and it is required, are you able to obtain a work permit? _____

Some positions require an employee to drive a vehicle owned by the City of Eureka Springs.
These positions require applicants to have (1) a valid Driver's License and (2) be at least 21 years of age.
Do you meet **both** requirements? YES _____ NO _____

Do you possess a Valid CDL License? YES _____ NO _____

When would you be able to begin work? _____ What is your availability? _____

If hired, can you produce evidence of U.S. Citizenship or Legal Work Status within three (3) days? YES _____ NO _____

CRIMINAL HISTORY

Have you been convicted of a felony/crime or plead guilty/no contest to a felony/crime? YES _____ NO _____

Do you currently have any criminal actions pending in which you are the Defendant? YES _____ NO _____

Are you currently on probation or parole? YES _____ NO _____

If you answered "YES" to any of the Criminal History questions, please explain the nature of the offense(s) and provide the Date, County and State in which it occurred.

EMPLOYMENT

Please list employers, including military service, for at least the last five (5) years.
Begin with the most recent. Attach additional sheets or resume providing sufficient qualifying experience data.

1. Company Name: _____ From: _____ To: _____
Job Title: _____ City, State: _____
Salary: _____ Reason for Leaving: _____
Description of Work: _____ If
you are offered a position with the City of Eureka Springs, may we contact your employer? **YES** ____ **NO** ____ If
yes, who was your Direct Supervisor: _____

2. Company Name: _____ From: _____ To: _____
Job Title: _____ City, State: _____
Salary: _____ Reason for Leaving: _____
Description of Work: _____ If
you are offered a position with the City of Eureka Springs, may we contact your employer? **YES** ____ **NO** ____ If
yes, who was your Direct Supervisor: _____

3. Company Name: _____ From: _____ To: _____
Job Title: _____ City, State: _____
Salary: _____ Reason for Leaving: _____
Description of Work: _____ If
you are offered a position with the City of Eureka Springs, may we contact your employer? **YES** ____ **NO** ____ If
yes, who was your Direct Supervisor: _____

EDUCATION

Do you have a High School Diploma or GED? **YES** ____ **NO** ____
If no, are you working to complete your Diploma or GED? **YES** ____ **NO** ____

Name of Institution you received Diploma or GED: _____ City/State _____

Have you attended College, University, Graduate, Trade, Business or Correspondence School? **YES** ____ **NO** ____

1. Name of Institution: _____ City/State _____
Major Areas of Study: _____ Hours Completed: _____
Degree or Certificate Obtained: _____

2. Name of Institution: _____ City/State _____
Major Areas of Study: _____ Hours Completed: _____
Degree or Certificate Obtained: _____

Are you able to perform the duties of the job for which you applying? **YES** ____ **NO** ____

If no, please explain. _____

Please indicate any additional work experience, training, awards, or memberships you have obtained that would qualify you for the position you seek.

List all Licenses you hold: (Driver's, Electrician, EMT, Plumbers, CDL, etc....)

Type: _____ Number _____ Expiration Date: _____

Type: _____ Number _____ Expiration Date: _____

Type: _____ Number _____ Expiration Date: _____

REFERENCES

Please give the names and addresses of three (3) persons, other than relatives, who have knowledge of your character, experience, or ability:

NAME	Address/Phone	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT STATEMENT

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status, nor does it create an employment contract.

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentation may cause my application to be rejected or my employment to be terminated if I am hired. I understand that this employment application is not valid without my signature.

I authorize former employers to release to the City of Eureka Springs or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the City. A photocopy or facsimile of this authorization shall be as valid as the original.

I understand that my appointment will be at the discretion of the department head or commission, and subject to the approval of the Mayor, and that this application is the property of the City of Eureka Spring and will become a part of my public file if I am accepted for employment.

NOTE: As a condition of employment, applicants for safety-sensitive positions, drivers, and uniformed officers may be required to submit to a pre-employment drug test and/or health screening.

Print Name: _____

Signature: _____

Date: _____



Eureka Springs, Arkansas

44 South Main Street
Eureka Springs, AR 72632

City of Eureka Springs
Authorization to Release Information

I, _____ am an applicant for employment with the City of Eureka Springs. In order to process my application, certain information must be made available to the Mayor of the City of Eureka Springs, Arkansas. This information is for my benefit. This release is valid for a period of two (2) years from its date.

I hereby authorize, request, and direct educational institutions; my references, my employers (past and present); financial institutions of any kind; credit bureau or consumer reporting agency; military records; and any other person, institution or organization; and all governmental agencies (local, state, federal or foreign), wherever said individuals or originations are situated, to release to the Mayor of the City of Eureka Springs, or to any representatives thereof, any document information, record or file that the City of Eureka Springs deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I hereby release you, as the custodian of such records and all of said individuals and organizations, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Further, I appoint the Mayor, or their representative, as my agent and attorney-in-fact for the sole purpose of collecting information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Signature

Date

Address: _____

Phone: _____

**Transit Department
City of Eureka Springs
137 West Van Buren
Eureka Springs, AR 72632
(479) 253-9572
(479) 253-8272 (fax)**

**AUTHORIZATION TO RELEASE INFORMATION IN
CONNECTION WITH AN APPLICATION FOR EMPLOYMENT**

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

I, _____	_____	_____
Last Name	First Name	Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Driver's License #	State

 Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name	Applicant Signature	Date
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CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

MASSACHUSETTS APPLICANTS ONLY: Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any of the questions seeking criminal record information.

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.