

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



Your application will be retained
for six (6) months.

Application for Employment

Name _____ Date: _____
(Last) (First) (M.I.)

Mailing Address _____

Telephone Number (H) _____ (C) _____

Email _____

Position You Are Applying For _____

Social Security Number ____/____/____

If hired, can you produce evidence of U.S. Citizenship or legal work status within three (3) days? _____

PREVIOUS EMPLOYMENT: List employers, including military service, for at least the past **FIVE (5)** years. **Begin with the most recent and work back. Attach additional sheets or resume to provide sufficient qualifying experience data.**

(1) From _____ To _____

Job Title _____ Annual Salary \$ _____

Company Name _____

Address _____

Name of Direct Supervisor _____

Reason for Leaving _____

Description of Work _____

(2) From _____ To _____

Job Title _____ Annual Salary \$ _____

Company Name _____

Address _____

Name of Direct Supervisor _____

Reason for Leaving _____

Description of Work _____

(3) From _____ To _____

Job Title _____ Annual Salary \$ _____

Company Name _____

Address _____

Name of Direct Supervisor _____

Reason for Leaving _____

Description of Work _____

EDUCATION: Did you graduate from high school? Yes _____ No _____

Name and Address of high school _____

Last grade completed and date of completion or graduation _____

College, University, Trade, Business or Other School	Dates of Attendance	Major Areas of Study	Semester Hours	Date Left or Graduated

Can you perform the duties of the job for which you are applying? Yes _____ No _____

If no, please explain: _____

List all licenses you hold: (driver's, electricians, plumbers, CDL, etc.)

Type:	Number:	Expiration Date:
Type:	Number:	Expiration Date:
Type:	Number:	Expiration Date:

Specify equipment or office machines you operate: _____

Are you related to any member of the elected city government or any person now employed by the city in any department? Yes _____ No _____

If yes, give person's name, where employed and his/her relationship to you _____

Person to be notified in case of emergency: Name _____

Address _____ Phone _____

References: Give the names, address and phone numbers of three persons, other than relatives, who have knowledge of your character, experience or ability.

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate any additional work experience and training you have had which in your opinion would qualify you for the position you seek: _____

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 for any specific period or time.

I certify that I have made no willful misrepresentations in this application nor have I withheld any information in my statements and answers to questions. I am aware that information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I understand that this appointment will be at the discretion of the department head concerned, and that this application is the property of the City and will become a part of my file if I am accepted for employment.

NOTE: As a condition of employment, applicants for safety-sensitive positions with the Eureka Springs Transit Department must submit to a pre-employment drug test; and applicants for driver positions also must submit to a pre-employment physical examination.

Signature of Applicant: _____

AUTHORIZATION TO CHECK REFERENCES

I, _____, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Eureka Springs. A photocopy of this authorization shall be as valid as the original.

Applicant's Signature

Social Security Number: _____

Date of Birth: _____

Dated: _____