

City of Pine Bluff
Employment Application Instructions

- Please read the minimum requirements for the job you are interested.
- Please fill out this application carefully. All questions must be answered ***completely and accurately***. ***All addresses and phone number of employment and personal references MUST be provided.***
- Resumes may be attached but not submitted in place of the application.
- Your application **MUST BE RECEIVED** in the Department of Human Resources, 200 E. 8th Avenue, Room 104, Pine Bluff, AR 71601, by the last day to apply. If you change your address or telephone number after applying, please notify the department of Human Resources immediately.
- **APPLYING BY MAIL** - If you wish, you may file your application by mail. Be certain that you answer all questions on the application. Your application must be post-marked, by the last day to apply. Late applications will be disqualified.
- You may also download and view job openings at the City of Pine Bluff application at the City's website, www.cityofpinebluff.com
- **ACCEPTANCE** - Applicants who fail to submit all required information **WILL NOT be considered for employment**. All applications are accepted on a tentative basis subject to later review of your employment history.
- **BACKGROUND** - Your application is subject to a complete background review, including a review of any criminal convictions.
- You must list a complete record of your training and experience. If more space is needed, attach additional sheets.
- Some things on this application may not be applicable, if so, please indicate by using "N/A" in the appropriate space.
- When completing employment history, please start with your current or most recent job.

EDUCATION AND TRAINING

ELEMENTARY AND HIGH SCHOOL TRAINING

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate from High School or obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Location of Last School Attended (High School, Jr. High or Elementary) Name: _____ Location: _____
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RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ETC.)

Names and Location of School	Dates Attended (Mo & Yr) From To	Course/Subjects Completed	Diplomas/Certificates Received

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE AND GRADUATE)

Names and Location of School	Dates Attended (Mo & Yr) From To	Type of Degree Earned (e.g. BA/BS/MA/PHD)	Major

RELATED LICENSES

Professional License Issued By	Field/Trade Specialization	License #	Issue Date	Expiration Date

SKILLS

- Access GIS Drafting Excel/Lotus Word/WordPerfect Power Point
 Auto Cad ORACLE Approach Typing _____ wpm Other _____
 Other _____ Other _____

**Personal References
(Excluding Former Employees and Relatives)**

Note: Please complete ALL information on personal references.

Name	Address	Telephone Number	Years Known

Military Service Record

Have you ever served in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what branch?
Dates of duty: From _____ to _____ Mo Day Year Mo Day Year
What were your duties in the Service (include special training and duty station)? _____ _____
Have you had any schooling under the G.I. Bill of Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. _____ _____

3	Starting Date Month/Year	Ending Date Month/Year	Employer/Company Name and Address (City and State Required)		
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours Per Week	Name and Title of Immediate Supervisor	Telephone #
	Starting Salary:		Ending Salary:		
	Reason for Leaving		Position Held		
	Describe job responsibilities:				
4	Starting Date Month/Year	Ending Date Month/Year	Employer/Company Name and Address (City and State Required)		
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours Per Week	Name and Title of Immediate Supervisor	Telephone #
	Starting Salary:		Ending Salary:		
	Reason for Leaving		Position Held		
	Describe job responsibilities:				

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application are true and give the City of Pine Bluff the right to investigate all information given and to secure additional appropriate information if necessary. I understand that this inquiry may include information as to my personal character, employment verification, credential verification, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment as well as information about me and my personal references to give information about me, and hereby release from all liability all persons, companies, or corporations furnishing such information in good faith.

I understand that the completion of this application does not assure me of a position with the City of Pine Bluff and does not obligate the City of Pine Bluff to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my application removed from the available pool and/or subject me to dismissal.** I understand and agree that the City of Pine Bluff may terminate my employment at any time, without prior notice or liability of any kind, except for wages earned and unpaid at the time of termination.

I understand that this application, exam documents and attachments become a part of the City of Pine Bluff records and will not be returned, reused or copied for me once submitted.

I willingly consent to taking a physical examination or drug-screen if required and understand that employment is contingent upon successfully passing such examination/drug-screen. I further agree to comply with all orders, rules and regulations of the City of Pine Bluff. I further understand that any misrepresentation or omission of facts requested on this application will be sufficient grounds for immediate discharge.

For all persons applying for positions with "Safety-Sensitive" as identified by the City of Pine Bluff's Drug and Alcohol Policy, participation in the City's Drug and Alcohol testing program is mandated by 49 CFR Parts 653, 654, and 40 of the Federal Government, Department of Transportation and/or the Federal Transit Administration. It is further understood that participation in the City's Drug and Alcohol testing program is a condition of employment.

My signature below indicates that I understand the above information.

Signature of Applicant

Date

APPLICANT INFORMATION FOR RECORD KEEPING REQUIREMENTS

(Answer All Questions and Please Print)

The City of Pine Bluff is an Equal Opportunity Employer. We ask that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with the City of Pine Bluff.

Name: _____ Date: _____

Title of job(s) for which you have applied: _____

Sex and Race/Ethnic Identification

Sex: Male Female (Check One)

For the purpose of Equal Opportunity, race/ethnic categories are identified as follows:

Race/Ethnic

Please check the category which identifies your race/ethnic background

- WHITE (not of Hispanic origin) - All persons having origin in any of the original peoples of Europe, North America or the Middle East
- AFRICAN AMERICAN (not of Hispanic origin) - All persons having origin in any of the Black racial groups of Africa.
- HISPANIC All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- ASIAN All persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Subcontinent or the Pacific Islands
- AMERICAN INDIAN
OR ALASKAN NATIVE All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.

I understand that I am protected by various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion age (if over the age of 40) and, in some circumstances, disability or veteran status. I further understand that the information contained in this form is to be used solely in equal employment record keeping, reporting and other legal requirements. I also understand that the information will be kept in the strictest of confidence and will not be disclosed to others except for this above stated purpose and then only if necessary.

Signed: _____ Date: _____

NOTE: The information provided on this form will be kept separate from the employment application form.