



## Application for Employment

(GENERAL INSTRUCTIONS TO APPLICANTS: Complete ALL spaces on the application. If an item does not apply, write "N/A" in that space. Only provide information requested. Failure to follow instructions may result in you not being considered for employment.)

**\*\*\* The City requires Pre-Employment Drug Testing \*\*\***

### General Information

Full Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Driver's License # and State Issued: \_\_\_\_\_

List the States and Counties you have lived in for the past Seven (7) years: \_\_\_\_\_

Are you over 18 or able to furnish a work permit? \_\_\_\_\_ Are you able to work ALL shifts and/or

overtime as necessary? \_\_\_\_\_ Do you have any relatives working for the City of Bentonville?(list

who they are and where they work) \_\_\_\_\_

Have you ever worked for the City of Bentonville ? (Dates of employment) \_\_\_\_\_

Have you ever applied for employment with City of Bentonville before?(list Dept applied for and when) \_\_\_\_\_

Have you ever been convicted of a crime? (List all crimes including any which you were convicted, pled

guilty to, pled "No Contest" to , or pled to a lesser offense) \_\_\_\_\_

When would you be available to start work? \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

## **Job Interest**

What position(s) are you applying for? \_\_\_\_\_

Would you consider other available positions if you are qualified? \_\_\_\_\_ Type of employment  
desired? (circle one)    part-time    full-time    Do you have a Shift Preference? (1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>) \_\_\_\_\_

Are you willing/able to travel if necessary. \_\_\_\_\_ May we contact your present employer for a  
work reference? \_\_\_\_\_

---

## **Education** (list all high schools and colleges attended)

School Attended: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree/Diploma? \_\_\_\_\_

School Attended: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree/Diploma? \_\_\_\_\_

School Attended: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree/Diploma? \_\_\_\_\_

School Attended: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree/Diploma? \_\_\_\_\_

---

## **Your Employment History** (List below your employment history for the past 10 years. Account for ALL periods of time beginning with your most recent employer. Include part-time work, temporary work, military service, and periods of unemployment. Continue on separate piece of paper if necessary)

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

---

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address, City, and State: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

---

Employer Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

---

**Special Skills and Qualifications** (list any special skills qualifications i.e. bilingual, reads sign language, honorary titles and degrees) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **GENERAL RELEASE AND CONSENT**

I understand and certify that ALL the information supplied in the application for employment, and ANY attached resume, is complete and correct. Any false, misleading, or incomplete information furnished by me regarding this application (including attached resume) will result in the rejection of this application or, if employed at the time of discovery, the termination of my employment. I also understand that in consideration of my employment, I agree to comply with, follow, and conform to ANY and ALL workplace and employment policies, procedures, practices, rules and regulations. Additionally, I understand and agree that my employment and compensation are "At Will", meaning that either the City of Bentonville or I can terminate this employment relationship, with or without cause, and with or without notice.

Further, I understand and agree that the terms and conditions of this employment relationship can ONLY be modified (IN WRITING) by the Mayor or City Council. NO officer, director, manager, supervisor, representative, or agent of the City of Bentonville has the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to, or in modification of the above terms, nor can any policy, procedure, practice, rule, or regulation of the City of Bentonville, either oral or written, modify the above terms or employment. I understand and agree that if employed, my continued employment with the City of Bentonville will constitute "Consideration" for any changes that the City of Bentonville may make to its policies, procedures, practices, rules, or regulations.

I understand and agree to take any physical examination, including pre-employment drug screening tests, as part of my application process. I also agree to release to the City of Bentonville the results of any and all drug screening tests taken as part of my application process. I waive and forever release any and all rights I might have to make claim or bring lawsuit against any client/customer, officer, director, manager, supervisor, representative or agent of the City of Bentonville resulting from any injury or injuries which are covered under applicable state workers' compensation statutes. This means that by accepting or continuing my employment relationship with the City of Bentonville, I agree that I will not bring suit against any customer, client, employee, or agent of the City of Bentonville for any injury or injuries that I might sustain during my employment, due to the negligence of the client, customer, employee, or agent of the City of Bentonville, IF AND ONLY IF the injury or injuries I receive are covered under the workers' compensation policies of the State of Arkansas and the City of Bentonville.

I understand, agree, and hereby authorize all persons, schools, companies, and employers and/or their representatives to verify with the City of Bentonville ANY and ALL information set forth in this application (including attached resume). Additionally, I hereby agree to hold harmless, and to release from ALL liability, all said persons, schools, companies, and employers and/or their representatives from ANY and ALL claims that I may have, or which might arise, against ANY and/or ALL of them, including the City of Bentonville, as a result of them furnishing information to the City of Bentonville.

Further, I authorize the City of Bentonville should they employ me, to release employment references on me, should my employment terminate for any reason. I also agree and authorize the City of Bentonville to conduct police, background, education, credit, criminal, and driving record inquiries, or any other employment-related inquiries in compliance with the federal Fair Credit Reporting Act (FCRA). I understand and agree that the decision to hire and retain me will be subject to the results of these inquiries. I also understand that I will be required to provide proof of my authorization to work in the United States and will be required to successfully complete the Employment Eligibility Verification Form (I-9).

I also understand that the City of Bentonville is complies with the American's With Disabilities Act (ADA) of 1990, with Section 504 of the Rehabilitation Act of 1973, with Title VI of the Civil rights Act of 1964, and other federal and state equal opportunity laws. Accordingly, we do not discriminate on the basis of race, sex, color, age, national origin, religion, veterans status, or disability in access to City activities, as well as hiring or employment practices. Complaints of alleged discrimination and/or general inquiries regarding the City's non-discrimination policies may be directed to the HR Manager, City of Bentonville and the ADA/Section 504/Title VI Representative at City of Bentonville, Attn: Human Resources, 117 West Central Avenue, Bentonville, AR 72712-5626, (479) 271-3191. The City of Bentonville utilizes the Arkansas Relay Service for the hearing impaired. Persons with hearing impairments can contact the Arkansas Relay Service at (Voice TTY-711) or at 1-800-285-1131.

I understand and agree that any employee sustaining an on-the-job injury that requires medical treatment or that involves damage to a client, customer, or the City of Bentonville may be required to submit to a post-accident drug test. I also understand and agree that any employee guilty of safety violations, near-miss situations, or a failure to follow established safety rules, policies, or practices may be subject to testing under this policy.

I understand that this application will be active for employment consideration ONLY for those positions which I applied for. The City of Bentonville does not place applications on file for any period of time. If other positions become available which I am interested in, I understand that I must contact the City of Bentonville to make application.

I have read, understand, and fully agree with ALL the provisions of this release and consent statement.

---

Applicant's Signature

---

Applicant's Printed Name

---

Date Signed

City of Bentonville, 117 West Central Avenue, Bentonville, AR 72712-5626  
Office: (479) 271-3191/5929 Fax: (479) 271-5913 Website: [www.bentonvillear.com](http://www.bentonvillear.com)