

**CITY OF PINE BLUFF**  
**APPLICATION FOR EMPLOYMENT**  
(PLEASE PRINT PLAINLY)  
EQUAL OPPORTUNITY EMPLOYER

It is the policy of the City of Pine Bluff, Arkansas that no person shall be denied the right of employment or advancement in city government, nor shall any person be denied admission or access to any of the City's programs or activities, on the basis of political or religious affiliation, race, sex, age, national origin, color, handicap/disability or veteran status.

**PERSONAL**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City State Zip

How long have you lived at this address? \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Area

Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_

If you are not a United States Citizen, can you supply working papers certifying your lawful employment? Does not apply. Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain why not? \_\_\_\_\_

Job(s) applied for 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

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

If no, please explain. \_\_\_\_\_

Have you ever worked for us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

If hired, do you have reliable means of transportation to get to work? \_\_\_\_\_

Are there any other experiences, skill, or qualifications which you feel would especially fit you for work with the City? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have relatives working in city government? (blood or marriage) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name and address of co. \_\_\_\_\_

List all licenses you hold: (Driver's, Electricians, etc.)

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Specify equipment or office machines you operate: \_\_\_\_\_

Have you ever been convicted of a crime, excluding traffic violations and misdemeanors? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe in full \_\_\_\_\_

**Person to be notified in case of accident or emergency**

Name \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS	How many Years Attended	GRADUATED	COURSE OR MAJOR
JUNIOR HIGH			<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
POST GRADUATE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MILITARY SERVICE RECORD

Have you ever served in the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
 Month Day Year Month Day Year

What were your duties in the Service (include special training and duty station)? \_\_\_\_\_

Have you had any schooling under G.I. Bill of Rights? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe. \_\_\_\_\_

## PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

Name and Occupation	Address	Phone No.	How long have you known this person?
1.			
2.			
3.			

## PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Give job title and describe in detail the work you did.

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Give job title and describe in detail the work you did.						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Give job title and describe in detail the work you did.						

**PLEASE READ CAREFULLY  
 APPLICANT'S CERTIFICATION AND AGREEMENT**

I understand that this application does not create any contractual or other legal rights. It does not alter at-will employment status nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the 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 authorize any former employer to release to the city 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 of this authorization shall be as the original.

I understand that this appointment will be at the discretion of the City of Pine Bluff, subject to approval of the Mayor and that this application is the property of the city and will become part of my file if I am accepted for employment. I further understand that by signing this employment application, I certify that I am in compliance with the Military Selective Service Act.

Signature of Applicant: \_\_\_\_\_

# APPLICANT INFORMATION FOR RECORD KEEPING

(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. The 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 \_\_\_\_\_ Today's Date \_\_\_\_\_

Title of job which you have applied \_\_\_\_\_

## SEX AND RACE/ETHNIC IDENTIFICATION

Sex:  Male  Female (Check One)

Race/Ethnic: For purpose of Equal Opportunity, race/ethnic categories are identified as follows. . . 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.

BLACK: (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 OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands. (Example . . . China, Japan, Korea, the Philippine Islands and Samoa).

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 this information will be kept in the strictest of confidence and will not be disclosed to others except for the 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.

# AUTHORIZATION

The undersigned hereby gives consent to any and all prior employers of mine to provide the following information with regard to my employment with prior employers to the City of Pine Bluff, Arkansas. The consent is given in accordance with Act 1474 of the General Assembly of the State of Arkansas:

- a) date and duration of employment;
- b) current pay rate and wage history;
- c) job description and duties;
- d) last written performance evaluation prepared before the date of the request;
- e) attendance information;
- f) results of drug or alcohol tests administered within one year of the request;
- g) threats of violence, harassing acts, and/or threatening behavior related to the workplace or directed at another employee;
- h) whether the employee was voluntarily or involuntarily separated from employment and the reasons for separation; and
- i) whether the employee is eligible for rehire.

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Applicant Signature

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Date

Return to:

City of Pine Bluff, Arkansas  
Human Resources  
200 East 8<sup>th</sup> Avenue, Room 104  
Pine Bluff, AR 71601

# CONSENT FOR CRIMINAL BACKGROUND CHECK

## Personal Information

Name:

\_\_\_\_\_ (Last) (First) (Middle)

Address:

\_\_\_\_\_

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

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Maiden or Other Name(s) Used

Name:

\_\_\_\_\_ (Last) (First) (Middle)

Name:

\_\_\_\_\_ (Last) (First) (Middle)

Name:

\_\_\_\_\_ (Last) (First) (Middle)

I hereby give my permission for the City of Pine Bluff to obtain information relating to my criminal history through the Pine Bluff Police Department and the District and Circuit Courts of Jefferson County. The criminal history record may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility employment with the City.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# PRE-EMPLOYMENT STATEMENT

I voluntarily give the City of Pine Bluff the right to make a through investigation of my past employment and activities; agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

"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 willingly consent to taking a physical examination or a 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 which are considered "Safety-sensitive" as identified by the City of Pine Bluff's Drug 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 \_\_\_\_\_

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## DO NOT WRITE BELOW THIS LINE

Interview Yes \_\_\_\_\_ No \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_

Result of Interview

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acceptable for Employment? \_\_\_\_\_ Starting Rate \_\_\_\_\_ Starting Date \_\_\_\_\_

Occupation \_\_\_\_\_ Department \_\_\_\_\_ Clerk No. \_\_\_\_\_

Interviewed by \_\_\_\_\_ Employed by: \_\_\_\_\_

Approved by: \_\_\_\_\_