



# 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 \_\_\_\_\_

Have you ever worked for the City of Eureka Springs? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which department(s)? \_\_\_\_\_

### **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.

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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: \_\_\_\_\_