City of Wynne - Employment Application Return Completed Application to the Public Works Department located at 1878 HWY 64 Spur or email to jhood@cityofwynne.com

Applicant Information							
Last Name	First			M.I.	Date		
Street Address						Apartment/Unit #	
City	State			Zip			
Phone	E-mail						
Date Available Social Sec		urity No.			esired Salary		
Position Applied for							
Are you legally eligible to work	No 🗆						
Do you have a CDL? Yes □		No ☐ If yes, what class?					
Have you ever been convicted o	No ☐ If yes, explain.						
Education							
High School		Address					
From To	Did you graduate?	Yes No Degree					
College		Address					
From To	Did you graduate?	Yes □ No	□ Degre	e			
Other		Address					
From To	Did you graduate?	Yes □ No	☐ Degre	e			
Employment History							
Company		Г	From	n 	То		
Address			Phone #				
Supervisor			Responsiblities				
May we contact? Yes No							
Company			From	n 	То		
Address			Phone #				
Supervisor		Responsiblities					
May we contact? Yes No							
Company			Fron	n	То		
Address		Phone #					
Supervisor		Responsibilities					
May we contact? Yes No							

References			
Full Name	Relationship		
Company	Phone #		
Address			
Full Name	Relationship		
Company	Phone #		
Address			
Full Name	Relationship		
Company	Phone #		
Address			

Disclaimer and Signature

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I am providing consent for a background check and review of my driving record. I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature	Date
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