## City of Wynne - Employment Application

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

| 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.

| ŀ | Signature | Date |  |
|---|-----------|------|--|
|   | Signature | Date |  |