City of Wynne - Employment Application Return Completed Application to the Parks & Rec Department located at 2701 HWY 1 or email to zmorris@cityofwynne.com

Applicant Information						
Last Name		First		M.I.	Date	
Street Address			Apartm	Apartment/Unit #		
City	State		Zip	Zip		
Phone		E-mail		<u>-</u>		
Date Available Social Sec		urity No. De		Desired Sala	Desired Salary	
Position Applied for						
Are you legally eligible to work in the U.S.? Yes		No 🗆				
Do you have a CDL? Yes □		No ☐ If yes, what class?				
Have you ever been convicted of a felony? Yes □		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	□ Degree			
Other		Address				
From To	Did you graduate?	Yes □ No	Degree			
Employment History						
Company				From	То	
Address			Phone #			
Supervisor		Responsiblities				
May we contact? Yes ☐	No 🗆					
Company				From	То	
Address			Phone #			
Supervisor		Responsiblities				
May we contact? Yes ☐	No 🗆					
Company				From	То	
Address			Phone #			
Supervisor		Responsiblities	5			
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 I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.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