

CITY OF CAMDEN



Application For Employment

206 Van Buren St., NE
Camden, AR 71701

TEL (870) 836-6436
FAX (870) 836-3369
TDD (870) 836-6436

Applicants are considered for all positions without regard to race, color, religion, creed, gender, sexual orientation, national origin, age, marital status, veteran status, political status, handicapped status or any other legally protected status.

PLEASE PRINT:

Date of Application _____

Position Applied For: _____

Referral Source: Advertisement Friend Relative Walk-in

Employment Agency Other (please specify): _____

NAME: LAST:	FIRST:	MIDDLE:	STREET ADDRESS:
CITY:	STATE:	ZIP CODE:	TELEPHONE: AREA CODE NUMBER: ()
Social Security Number	-	-	Telephone number where message may be left for you:

General Information

1. Have you filed an application with the City of Camden before? Yes No If yes, give date: _____
 2. Are you a United States Citizen? Yes No
 3. How long have you lived at your present address? _____ Years _____ Months
 4. Have you been employed by the City of Camden before? If yes, give dates: _____
 5. Are you employed now? Yes No May we contact your present employer? Yes No
 6. On what date would you be available for work? _____
 7. Are you available to work Regular Part-time Shift Work Temporary
 8. Are you on lay-off and subject to recall? Yes No
 9. List any relatives working for the City of Camden: _____
 10. Do you have a High School Diploma or GED? Yes No
 11. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status Yes No
Proof of citizenship or immigration status will be required upon employment.
 12. Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.
- If Yes, please explain _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, religion, national origin, disabilities or other protected status.

1.	EMPLOYER:	DATES OF EMPLOYMENT: FROM:	TO:
	ADDRESS:	HOURLY WAGE:	START: END:
	JOB TITLE:	WORK PERFORMED:	
	SUPERVISOR:		
	REASON FOR LEAVING:		
2.	EMPLOYER:	DATES OF EMPLOYMENT: FROM:	TO:
	ADDRESS:	HOURLY WAGE:	START: END:
	JOB TITLE:	WORK PERFORMED:	
	SUPERVISOR:		
	REASON FOR LEAVING:		
3.	EMPLOYER:	DATES OF EMPLOYMENT: FROM:	TO:
	ADDRESS:	HOURLY WAGE:	START: END:
	JOB TITLE:	WORK PERFORMED:	
	SUPERVISOR:		
	REASON FOR LEAVING:		

If you need additional space, please continue on a separate sheet of paper.

Education

	ELEMENTARY	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE SCHOOL
SCHOOL NAME & ADDRESS:				
YEARS COMPLETED (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA / DEGREE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Other education and training that you feel may be helpful to us in considering your application:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> Dozer	<input type="checkbox"/> Dump Truck
<input type="checkbox"/> Calculator	<input type="checkbox"/> Scraper	<input type="checkbox"/> Track Hoe
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Motor Grader	<input type="checkbox"/> Compactor
<input type="checkbox"/> Fax	<input type="checkbox"/> Front-End Loader	<input type="checkbox"/> Tractor
<input type="checkbox"/> Postage Meter	<input type="checkbox"/> Tractor-Trailer	<input type="checkbox"/> Vibrating Roller
<input type="checkbox"/> CDL – <i>If checked specify</i>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	

State any additional information you feel may be helpful to us in considering your application.

References

1.	_____ () _____	Phone # _____
	(Name)	

	(Address)	
2.	_____ () _____	Phone # _____
	(Name)	

	(Address)	
3.	_____ () _____	Phone # _____
	(Name)	

	(Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the Application for Employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the City of Camden.

I understand that if I am employed, such employment is an indefinite period of time and that the City of Camden can change wages, benefits, and conditions at any time.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Reviewed

Recommended Yes No

Job Title _____

Hourly Rate of Pay _____

Date of Employment _____

Comments By Department Head:

Department Head Signature: _____ Date _____

Approved: _____ Date _____
Mayor