

**Office of Human Resources  
City of Sherwood  
2199 East Kiehl Avenue  
P.O. Box 6256  
Sherwood, AR 72120**  
Phone: 501-833-3703      Fax: 501-392-0087  
E-mail: hrinfo@cityofsherwood.net  
www.cityofsherwood.net

## **APPLICATION FOR EMPLOYMENT**

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

The City of Sherwood is committed to a policy of Equal Employment Opportunity and will not discriminate against any application or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran status, genetic information or any other legally protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the City of Sherwood. Please inform the personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

### **GENERAL INFORMATION**

Full Name	Date		
	FIRST	MIDDLE	LAST
Address			
	STREET	CITY	STATE
Contact Number ( )	Date Available for Work		
Alternate Contact Number ( )	Email		
Are you legally authorized to work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, verification will be required consistent with Federal law.)			
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If under the age of 18, please state your age _____. (The primary reason for this question is to address any child labor laws.)			
How were you referred to the City of Sherwood? _____			

### **POSITION INFORMATION**

Type of work desired? (Circle One)	Full-Time	Part-Time	Seasonal
Salary range expected (required) _____			
Applying for:			
(1) _____		(2) _____	
(3) _____		(4) _____	

Type of School	School Name And Location	Highest grade Completed (circle one)	Grade Point Average	Course of Study Or Major
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University				
Vocational or Trade School				
Graduate School				
Other (including Military training)				

List any work related certifications or licenses you currently possess.

## BACKGROUND INFORMATION

During the past seven years, have you ever been discharged, suspended or asked to resign from any position?

Yes    No   If yes, please explain: \_\_\_\_\_

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?    Yes    No

If yes, specify name(s) \_\_\_\_\_

## PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor) that we may contact:

NAME \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Type of Acquaintance \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Type of Acquaintance \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Type of Acquaintance \_\_\_\_\_

List all employment experience for the past seven years, starting with the most recent or present employer. Using a separate section for each position, describe in detail all work experience including periods of unemployment. **You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.**

Current Employer: _____	Phone (____) _____
Geographic Location: _____	From: _____ Month/Year To: _____ Month/Year
Your Position: _____	Reason for Leaving: _____
Primary responsibilities: _____ _____	Supervisor's Name: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?
Previous Employer: _____	Phone (____) _____
Geographic Location: _____	From: _____ Month/Year To: _____ Month/Year
Your Position: _____	Reason for Leaving: _____
Primary responsibilities: _____ _____	Supervisor's Name: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?
Previous Employer: _____	Phone (____) _____
Geographic Location: _____	From: _____ Month/Year To: _____ Month/Year
Your Position: _____	Reason for Leaving: _____
Primary responsibilities: _____ _____	Supervisor's Name: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?
Previous Employer: _____	Phone (____) _____
Geographic Location: _____	From: _____ Month/Year To: _____ Month/Year
Your Position: _____	Reason for Leaving: _____
Primary responsibilities: _____ _____	Supervisor's Name: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?
Please account for any gaps of employment: _____ _____	

### ADDITIONAL COMMENTS

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework honors, activities, special projects or any other data that will assist us in considering your application for employment.

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment

Initials

I understand, where permissible under applicable state and local law, I may be subject to pre-employment drug testing after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with the City of Sherwood.

Initials

I understand, where permissible under applicable state and local law, I may be subject to pre-employment Medical examinations after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the City of Sherwood.

Initials

I hereby certify that the information given by me is true in all respects. I authorize the City of Sherwood and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other person named on this application to provide any information or transcripts requested.

Initials

I understand employment with the City of Sherwood is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initials

**I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (City of Sherwood or me) without prior notice to the other, unless otherwise prohibited by law.**

Initials

**I understand that no representation, whether oral or written, by any representative or agent of the City of Sherwood, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the City of Sherwood has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human resources or an authorized representative.**

Initials

I certify, under penalty of perjury, that all the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Initials

Note: An offer of employment is conditioned upon complying with the City of Sherwood's requirements including, but not limited to signing a consent to conduct a background investigation.

**MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS AND ALL PAGES INCLUDED IN THIS APPLICATION FOR EMPLOYMENT.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_