



CITY OF BENTON

Human Resources Department
410 River Street, Benton, AR 72015
Or PO Box 607, Benton, AR 72018

(501) 776-5900 human.resources@bentonar.gov
www.bentonar.gov

The City of Benton is an Equal Opportunity Employer and is committed to providing equal employment opportunity with regard to race, color, religion, national origin, age, sex, sexual orientation, marital or parental status, veteran status, or disability.

Position applied for: _____ Date _____

Name _____
Last First Middle

Present Address _____
Street or P. O. Box
City State Zip

Telephone _____ / _____ / _____
Home Business Message or Cell

Email address _____

Are you 18 years old or older? ____Yes ____No

(Note: At date of hire, Firefighters must be between 18 and 34 years of age; Police officers must be at least 20 years of age.)

Have you ever been an employee for the City of Benton? ____Yes ____No

Have you ever been convicted of a felony? __Yes __No (Conviction will not necessarily disqualify an applicant for employment other than public safety. Civil Service Commission rules require that Public Safety employees have no felony convictions.) If yes, describe conditions:

Do you have a legal right to work and remain in the United States? ____Yes ____No

If Yes, can you produce evidence of U.S. citizenship or legal work status within three (3) days?
____Yes ____No

Can you perform the duties of the job for which you are applying with or without reasonable accommodations? ____Yes ____No (Do not answer this question until you have read the job description of the position applied for.)

Have you served in the Armed Forces or National Guard of the United States? ____Yes
____No If yes, list Branch: _____

Dates Served: _____ to _____

Employment History

List all jobs held, (must cover last 10 years), Full-time, Part-time, Temporary/Seasonal, Voluntary and Military Service. Ensure that the information you provide is complete and accurate. Provide all requested information. A resume may be attached to provide additional or more detailed information. Indicate reason for leaving employment, i.e., Resigned, Dismissed, Layoff, or Temporary Employment. If necessary, you may attach additional pages. Contact HR if you have questions or need assistance in completing this application.

BEGIN WITH YOUR PRESENT OR LAST EMPLOYER

Job Title _____ Employer _____ Address _____ _____ Supervisor's Name _____ Telephone Number _____ Dates Employed _____ to _____ Full-Time _____ Part-Time _____ Number of Hours Worked per Week _____ Salary: Start _____ Final _____	Description of Duties _____ _____ _____ _____ _____ Reason for Leaving _____ _____
If this is your present employer, may we contact for a reference? Yes _____ No _____	

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Education

Education	Name & Location Of School	Did you Graduate?	Major	Diploma/ Degree
High School				
College/ University				
College/ University				
Other Training				

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Benton? Specify office equipment, machines, computer software, licenses, special training or classes:

If employed in the position for which you have applied, would you be in a direct supervisory relationship (receive supervision or provide supervision) to any relative or member of your household? Yes No If yes, in the space provided below, list the full name(s) of the relative(s) and their relationship to you.

Full Name of Relative	Relationship to you	Department

References

Give the names and addresses of three (3) persons, other than relatives, who have knowledge of your character, experience or ability:

Name	Address/Phone #	Occupation

Notice to Applicants – Please read carefully!!!

If you have a disability and require reasonable accommodation in the application and/or testing process, please complete a Reasonable Accommodation Request Form. Forms are available and should be returned to the Benton Human Resources Department at 410 River Street, Benton, AR 72015. The request to the Human Resources Department may be in writing, by telephone (501-776-5900), or in person. To avoid unnecessary delay, please submit your request and documentation of the need for accommodation at least 48 hours in advance of the time the accommodation is needed.

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 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 Benton. Initials _____

I hereby certify that the information given by me is true in all aspects. I authorize the City of Benton 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 persons named on this application to provide any information or transcripts requested. Initials _____

I understand employment with the City of Benton is also contingent on my providing sufficient documentation necessary to establish by 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 Benton or me) without prior notice to the other, unless prohibited by law. Initials _____

I understand that no representation, whether oral or written, by any representative or agent of the City of Benton, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the City of Benton has the authority to enter into an agreement for employment for any specified period of time. 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.

Note: An offer of employment is conditioned upon complying with the City of Benton’s requirements.

My signature is evidence that I have read and agree with the above statements and all pages included in the application for employment.

Applicant’s Signature: _____ **Date:** _____