

**INTRODUCTION TO APPLICATION
FOR EMPLOYMENT City of Hot
Springs, Arkansas *IMPORTANT*
INFORMATION
READ CAREFULLY BEFORE COMPLETING APPLICATION**



ALL INFORMATION REQUESTED ON THE APPLICATION FORM MUST BE FURNISHED IN DETAIL. PREPARED RESUMES MAY BE ATTACHED; HOWEVER, ALL REQUESTED INFORMATION MUST BE PROVIDED AS FULLY AND AS ACCURATELY AS POSSIBLE ON THE APPLICATION FORM ITSELF. "SEE ATTACHED RESUME" IS NOT AN ACCEPTABLE RESPONSE TO ANY OF THE REQUESTED INFORMATION. THE APPLICATION FORM MUST BE PRINTED IN INK OR TYPEWRITTEN AND MUST BE SIGNED AND DATED IN THE APPROPRIATE SPACES.

Applications are kept on file for a period of twelve (12) months; therefore, if you have completed an application for the City within the last six months - for any position - it is not necessary for you to fill out another form. If you aren't sure if you have an application on file, please ask us to check our records before completing a duplicate application. If you are applying for a specific opening, it is important that you read the appropriate job description which is posted on our bulletin board.

Completed applications may be submitted by mail to the City of Hot Springs Human Resources Office, Post Office Box 700, Hot Springs, Arkansas (71902); or they may be submitted in person between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday.

If you do not have a social security card, you must obtain one before accepting employment with the City of Hot Springs.

The City of Hot Springs is committed to providing a work environment free from the illegal use of drugs and the use of beer, wine and/or other alcoholic beverages. As part of this commitment, applicants will be required to undergo drug testing prior to employment and will be subject to further drug and alcohol testing throughout their period of employment.

The City of Hot Springs is an equal opportunity/affirmative action employer. Discrimination because of age, sex, race, color, creed, disability, veteran status or national origin is prohibited. Any applicant seeking employment with the City who feels discriminated against has the right of appeal. Such appeals should be submitted in writing to the Human Resources Director, City of Hot Springs, Post Office Box 700, Hot Springs, Arkansas (71902).

All non-uniformed employees of the City of Hot Springs are "at will" employees as determined by Resolution No. 2262 passed by the Hot Springs Board of Directors on March 2, 1987.

Information provided on the application form and any attachments is subject to disclosure under the Freedom of Information Act.

If you have any questions or need assistance in completing the application, do not hesitate to ask us. Please notify us if you are disabled and require special accommodations for any portion of the application process, including tests or interviews.

JOB HOTLINE - (501) 321-6800 Option #5
Human Resources Telephone - (501) 321-6841
Human Resources Fax - (501) 321-6769
TDD Telephone for Hearing Impaired - (501) 321-6843

Website: www.cityhs.net/jobs

CITY OF HOT SPRINGS
APPLICATION FOR EMPLOYMENT
P.O. Box 700
Hot Springs, AR 71902
(PLEASE PRINT)



APPLICANT	Name _____ (First) (Middle) (Last)					
	Address _____ (Street) (City) (State) (Zip Code)					
	Telephone _____ / _____ / _____ (Home) (Work) (Cell)					
	E-Mail Address _____ On what date would you be available for work? _____					
	How did you learn about this position? _____					
Position(s) Applying For:						
1. _____						
2. _____						
3. _____ Salary Expected _____						
EDUCATION	Did you graduate from high school? Yes ___ No ___ Last Grade Completed _____					
	Do you have a GED? Yes ___ No ___ Name and location of high school _____					
	List below all colleges, universities, vocational, trade or other schools attended.					
	Schools Attended Other Than High School	Location (City, State)	Course Major	Semester Hours	Degree	Date Received
LICENSES	List all licenses you hold: (DRIVERS, etc.)					
	Type/Class	Issuing Agency/State	License Number	Expiration Date		
REFERENCES	List names and addresses of three persons, other than relatives, who have knowledge of your character, experience, and ability:					
	Name	Address	Telephone Number			
MILITARY	Branch	Dates of Duty	Rank at Discharge			
List Duties in Service Including Any Special Training						
Do you have relatives working for the City of Hot Springs? Yes ___ No ___ If Yes, please list below:						
Name	Relationship	Department				

WORK EXPERIENCE	
	List below, beginning with your most recent job, all present and past employment. Include paid, unpaid, full, etc. Attach additional pages if necessary. A resume will not substitute for this application but may be attached.
1	From _____ To _____ Job Title _____ Name and Address of Employer _____ Name of Supervisor _____ Telephone Number _____ Job Duties _____ _____ Reason for Leaving: _____
2	From _____ To _____ Job Title _____ Name and Address of Employer _____ Name of Supervisor _____ Telephone Number _____ Job Duties _____ _____ Reason for Leaving: _____
3	From _____ To _____ Job Title _____ Name and Address of Employer _____ Name of Supervisor _____ Telephone Number _____ Job Duties _____ _____ Reason for Leaving: _____
	May we contact the employer(s) listed? _____ If not, indicate which one(s) you do not wish us to contact: _____
ADDITIONAL INFORMATION AND NOTES	Is there anything in your background, training, education, professional experience, etc., that makes you feel qualified for the position for which you are applying? If so, please explain: _____ _____ _____ _____ _____
APPLICANT'S STATEMENT	<p>I certify that the information set forth in my application for employment is true and complete to the best of my knowledge. I authorize the City of Hot Springs to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release all employers, schools and/or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I also understand that all non-uniformed employees of the City of Hot Springs are "at will" employees and that I will be required to abide by all rules and regulations of the City of Hot Springs.</p> <p>I hereby consent to submit to pre-employment drug testing and a pre-employment physical. I understand that any offer of employment will be conditional upon the results of both tests. I further understand that a positive test will result in my ineligibility for employment with the City of Hot Springs for a period of six (6) months. At any time after the end of the six-month period, I understand that, if I am again selected for hire, I will be required to undergo another alcohol and/or drug test at that time with the same requirements and restrictions as applied to the initial testing.</p> <p>Applicant Signature _____ Date _____</p>

CITY OF HOT SPRINGS



AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, the undersigned,
First Name Middle Last Name

Hereby authorize the City of Hot Springs, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information pertaining to my juvenile or adult criminal record, employment, medical, psychological background, credit history, driving record, military service, and/or education records including, but not limited to, academic achievement, attendance, personal history, work habits, salary history, character, reputation, disciplinary records, and all other relevant information deemed necessary. I hereby direct you to release such information upon request of the bearer.

I hereby release all persons and individuals, you, your representatives and employees, and any governmental agency, educational institution, hospital or other repository of juvenile or adult criminal justice records, military records, psychological records, credit bureau, lending institution, consumer reporting agency, or business establishment, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

The information hereby obtained is to be used for the purpose of evaluating applicants for employment. This authorization will continue in effect for a period of one (1) year from the date below.

Signature (Full Name) Date

Maiden Name (If different from full name above) Date

Date of Birth: _____ Social Security # _____

Driver's License Number: _____ State Issued _____

Type: Operator (D) ___ Commercial: (A) ___ (B) ___ (C) ___ (Endorsements) _____

Place of Birth: (City) _____ (State) _____

CITY OF HOT SPRINGS



VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The City of Hot Springs believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name _____	Date _____	
Position Applied for _____		
Social Security No. _____	Date of Birth _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Month/Day/Year		

Race(s)/Ethnic Data:

- Black (Non-Hispanic) White (Non-Hispanic) Hispanic Asian or Pacific Islander
 American Indian or Alaskan Native Other

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- Disabled Person Vietnam Era Veteran Special Disabled Veteran (30% or more disability)

EXPLANATION OF THE CATEGORIES:

Black (Non-Hispanic): Persons having origins in any of the black racial groups of Africa.

White (Non-Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central, South America or other Spanish culture/origin, regardless of race.

Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

Vietnam Era Veteran: federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.