



APPLICATION FOR EMPLOYMENT

The City of Wynne is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity or expression, genetic information, marital status, status as a covered veteran, political status, or other legally protected status.

GENERAL INSTRUCTIONS

- COMPLETE THE ENTIRE APPLICATION
- USE CLEAR, LEGIBLE HANDWRITING AND PRINT IN INK
- SUBMIT A NEW APPLICATION FOR EACH POSITION YOU WISH TO APPLY FOR
- APPLICANT MUST POSSESS A VALID DRIVER'S LICENSE
- EMAIL COMPLETED APPLICATION TO MMCKNIGHT@CITYOFWYNNE.GOV

POSITION APPLYING FOR

TITLE	DATE AVAILABLE
REFERRAL SOURCE (How did you hear about this opening?)	

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	ALT PHONE NUMBER	EMAIL ADDRESS	
DRIVER LICENSE NO.	STATE	EXPIRATION DATE	

Are you currently employed by the City of Wynne, or have you been employed by the City in the past? Yes No

If yes, please provide the date(s) and position(s) held: _____

Do you have any relatives employed by the City of Wynne? Yes No

If yes, please give name, relationship, and department: _____

Have you ever been convicted of a felony or received a military discharge other than honorable? Yes No

U.S. MILITARY EXPERIENCE

HAVE YOU SERVED IN THE U.S. MILITARY? <input type="checkbox"/> Yes <input type="checkbox"/> No		
BRANCH	DATES OF SERVICE	FINAL RANK

EDUCATION/TRAINING			
HAVE YOU RECEIVED A HIGH SCHOOL DIPLOMA OR EQUIVALENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME/LOCATION OF HIGH SCHOOL	
COLLEGE/UNIVERSITY/VOCATIONAL SCHOOL	MAJOR	DATES ATTENDED	DEGREE/DIPLOMA
LIST ANY LICENSES, CERTIFICATIONS, AND/OR SPECIAL SKILLS RELEVANT TO THE POSITION			

EMPLOYMENT HISTORY			
<i>List most recent employer first</i>			
EMPLOYER		JOB DUTIES	
ADDRESS	CITY, STATE, ZIP CODE		
SUPERVISOR NAME	PHONE NUMBER		
YOUR JOB TITLE	START DATE	LEAVE DATE	
PAY RATE \$	PER <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER		JOB DUTIES	
ADDRESS	CITY, STATE, ZIP CODE		
SUPERVISOR NAME	PHONE NUMBER		
YOUR JOB TITLE	START DATE	LEAVE DATE	
PAY RATE \$	PER <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER		JOB DUTIES	
ADDRESS	CITY, STATE, ZIP CODE		
SUPERVISOR NAME	PHONE NUMBER		
YOUR JOB TITLE	START DATE	LEAVE DATE	
PAY RATE \$	PER <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES*Provide the names of three individuals who are not relatives or former employers*

NAME	ADDRESS	OCCUPATION	PHONE NUMBER

AGREEMENT**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY**

- I understand that this application will remain active for 90 days only.
- I declare that my answers to the questions on this application are true and give the City of Wynne the right to investigate all references and secure any additional information necessary.
- I understand that the use of this form does not indicate there are positions open and does not in any way obligate the City of Wynne.
- I understand that falsifying information on this application or in any interview(s) constitutes reason for cancellation of my application or termination of my employment.
- I understand and agree that if I am employed, I will be employed "at will". Either the City or I may end the employment relationship at any time, for any reason. No representative of the City has the authority to change this agreement.
- I understand that if I am hired, I am required to abide by all rules and regulations of the City of Wynne.
- I also declare that by signing this employment application, I certify I am in compliance with the Military Selective Service Act.
- This completed application form is subject to release under FOIA.

APPLICANT SIGNATURE

DATE

DISCLOSURES

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

- I understand that if I am an applicant for any position, or an employee withing the City of Wynne, AR I may be required, as a condition of employment to agree to a Criminal Background Check/Driving Record Check.
- I further understand that this information is for the official use of the City of Wynne in connection with its determination of my suitability for employment. I consent to any authorized representative of the City of Wynne to obtain any information required by law or pertaining to my criminal history/driving record, including but not limited to, any record of arrest or conviction for criminal offenses. I authorize each law enforcement agency to which this form is presented to release any results, upon the request of the City of Wynne.
- Copies of this consent that show my signature are as valid as the original signed by me.
- I understand that periodically additional Criminal Background Checks/Driving Record Checks may be required.
- This consent is valid until the termination of application process, separation of my employment with the City of Wynne, or termination of any affiliation with the City of Wynne, whichever is later.

APPLICANT SIGNATURE

DATE