Wynne Parks & Recreation Department - Employment Application

Applicant Information

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you legally eligible to work in the U.S.? Yes ☐ No ☐			
Do you have a CDL? Yes ☐ No ☐ If yes, what class?			
Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, explain.			

Education

High School	Address	
From To	Did you graduate? Yes ☐ No ☐	Degree
College	Address	
From To	Did you graduate? Yes ☐ No ☐	Degree
Other	Address	
From To	Did you graduate? Yes ☐ No ☐	Degree

Employment History

Company	From To
Address	Phone #
Supervisor	Responsiblities
May we contact? Yes ☐ No ☐	
Company	From To
Address	Phone #
Supervisor	Responsiblities
May we contact? Yes ☐ No ☐	
Company	From To
Address	Phone #
Supervisor	Responsiblities
May we contact? Yes ☐ No ☐	

References	
Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	

Disclaimer and Signature

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature	Date

Wynne Parks & Recreation Department

Background Investigation
Authorization for Release of Personal/Confidential Information

I,_____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Wynne Parks & Recreation Department, whether the said records are public, private or of a confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the following records: Criminal; Academic/Education; Financial; Military; Medical and Psychiatric, to include treatment and/or consultation (including hospital, clinics, private practitioners); Employment and Pre-employment records, including complaints or grievances file against or by me; and the records and recollections of attorneys at law or of any other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Wynne Parks & Recreation Department. I also certify that any person(s) who may furnish such information shall not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A copy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my release.

_____
Signature (must include maiden name if applicable)

_____
Address City State Zip Code

_____
Phone Date of Birth Social Security Number

This Form **must** be signed in front of a Notary and notarized by a Notary before your application will be accepted.

Sate of _____

County of_____

Sworn and subscribed before me this _____day of_____, _____

_____ My commission Expires:_____
Notary

Upon Completion, this form may be returned to City Hall, 206 S. Falls BLVD or via email to jlong@cityofwynne.gov.