



APPLICATION FOR EMPLOYMENT
TYPE OR PRINT CLEARLY

The City of Sherwood is an Equal Opportunity Employer, and therefore does not discriminate on the basis of race, color, religion, national origin, gender, age, or developmental disability.

Last Name	First Name	MI	Social Security No.	Date		
Present Address		Street and Number	City	State	Zip	Telephone

Position(s) Applied for (Please be specific)

1. _____ 2. _____

3. _____ 4. _____

Are you a current City of Sherwood employee? Yes No

Have you previously worked for the City of Sherwood? Yes No

If yes, when _____ List name(s) under which you were employed, if different from present _____

Do you want to work: Full Time Part Time Seasonal Temporary

Hours Available

6:00 am - 2:30 pm 8:00 am - 5:00 pm

2:00 pm - 10:30 pm 7:00 am - 4:00 pm

10:00 pm - 6:30 am Any Hours

How were you referred to us?

Internet Newspaper (list) _____

Walk-in Other (list) _____

Employee

Are you a Veteran? Yes No If yes, list type of discharge. Honorable Dishonorable

Have you been convicted of a crime (civilian or military), in the past 5 years? Yes No
(A yes answer does not necessarily disqualify you from consideration for employment).

If yes, please explain _____

EDUCATION		Name/Address	Major	Yrs Completed/Credit Hrs	Type of Certification/Degree
	High School			<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	
	College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Credit Hrs.	
	Vo-Tech/Technical				
	Other				

SKILLS	Please indicate your length of experience in the following areas:			
	Office Equipment		Personal Computer Software	
		Yrs./Mos.		Yrs./Mos.
	Personal Computer:		Other (List):	
	Word Processor			
Data Entry Equipment				
Typewriter	WPM			
		Spreadsheet		
		Wordprocessing		
		Accounting		
		Database Management		

LICENSES	List all licenses, certificates or other authorization to practice a trade or profession.			
	Type of License/Certificate	License/Certificate Number	State	Expiration Date

List below the names and addresses of your employers, beginning with current, or most recent. **COMPLETE ALL SPACES, EVEN IF YOU ATTACH A RESUME.**

WORK HISTORY	Employer Name/Address	From: Mo/Yr	To: Mo/Yr	Title & Nature of Work	Reason for leaving
	Supervisor's Name	Telephone #			Ending Salary
	Employer Name/Address	From: Mo/Yr	To: Mo/Yr	Title & Nature of Work	Reason for leaving
	Supervisor's Name	Telephone #			Ending Salary
	Employer Name/Address	From: Mo/Yr	To: Mo/Yr	Title & Nature of Work	Reason for leaving
	Supervisor's Name	Telephone #			Ending Salary
	Employer Name/Address	From: Mo/Yr	To: Mo/Yr	Title & Nature of Work	Reason for leaving
	Supervisor's Name	Telephone #			Ending Salary
	Employer Name/Address	From: Mo/Yr	To: Mo/Yr	Title & Nature of Work	Reason for leaving
	Supervisor's Name	Telephone #			Ending Salary

FOR DRIVER APPLICANTS ONLY	List all unexpired personal & commercial motor vehicle operators licenses or permits				
	License No.	State	Date Issued	Date Expires	Type (Personal or Commercial)

Have you had any commercial motor vehicle accidents? Yes No List below all.
 Accidents you have had while operating any type of motor vehicle during the past five (5) years:

Date	Nature of Accident	Type of Vehicle	Where: On/Off road	Was a ticket issued?

Have you had either your personal or commercial motor vehicle operators license, permit or privilege denied, revoked or suspended? Yes No If yes, complete below:

Denied	Revoked	Suspended	Type of license	Date	State	For how long	Reason

READ CAREFULLY BEFORE SIGNING

I understand that any misstatement by me in this application may result in discharge if I have been employed; that my employment may be subject to satisfactory completion of a physical examination at the time of employment; that if hired, my employment is at-will and may be terminated without cause with written notice; that any offer of employment may be done so conditionally subject to clearance of a criminal background investigation; that I may be required to submit to, and successfully pass a drug screening after a conditional offer of employment has been made; and that the City of Sherwood reserves the right to change my work hours/shift as deemed necessary, if it is in the best interest of the City.

Applications will be considered active for ninety days. Applicants who wish to be considered for other employment during this period should contact the Office of Human Resources at (501) 833-3703. Note: All applications are subject to public disclosure under the Arkansas Freedom of Information Act (FOIA). Positions are subject to close after five days without notice.

I hereby give consent to any and all prior employers of mine to provide information with regarding my employment with them, in accordance with Arkansas Code Ann. 11-3-204. I understand the consent is valid throughout the active period of this application. Any incomplete applications will not be considered for employment.

_____ _____ _____
 Print Name Signature Date