



Human Resources Department
301 W Court St.
Paragould AR 72450
870.239.7511

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

Our policy is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, age, religion, creed, national origin, sex, disability, veteran or marital status, or any other legally protected status. If you are a person with a disability and need an accommodation in the application process, please notify the Human Resources Director.

GENERAL INFORMATION

Name (First) (Middle Int.) (Last)

Other names used while employed, if any

Home Address City State Zip

Phone Number(s) Home # Cell #

In case of emergency, notify: Telephone #

Position applying for (Check one):

Safety / Security Sensitive Positions

- Sanitation Driver Trainee
Police
Fire
E-911 Dispatch
Seasonal Lifeguard

Non Safety Sensitive Positions

- Office
General Labor
Parks & Rec
Parks Maintenance
Part - time Seasonal

Note: The City of Paragould will not employ a qualifying patient in a safety or security sensitive position.

Are you 18 years old or older? Yes No

If you are applying for Part-time Seasonal, are you 16 years old or older? Yes No

If you are applying for Police you must be 21 years old to apply. Are you 21 years old or older?

Yes No

Are you presently employed? Yes No May we contact your present employer for reference? Yes No

Have you previously been employed by the City of Paragould? Yes No

If yes, Date employed--From: To: Position held

Please list friends or relatives employed by the City of Paragould.

First/Last Name	Position	Relationship
-----------------	----------	--------------

First/Last Name	Position	Relationship
-----------------	----------	--------------

If you are hired, can you produce evidence of U. S. citizenship or legal work status within three (3) days? \_\_\_\_\_

List all licenses you hold: (Drivers, First Aid, CPR, EMT, etc.)

Type DRIVER'S LICENSE / ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**REFERENCES  
(DO NOT LIST RELATIVES)**

Name	Phone Number	Occupation	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**EDUCATION**

Type of School	School Name & Location	Course of Study	Diploma/Degree
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

Describe any specialized training, apprenticeship, and skills. \_\_\_\_\_

Describe any job-related training received in the United States military (Please attach copy of DD214).

Please indicate any additional experience and training you have had which in your opinion would qualify you for the position you seek (List Seminars Attended and attach copies of certificates):

**Previous Employment:**  
**List all employment (including military service for at least the past ten (10) years)**

Begin with your most recent and work back. Include explanation of any gaps in employment. Attach additional sheets or resume providing sufficient qualifying experience data.

<b>Firm Name</b> _____	<b>Address</b> _____		
City _____	State _____	Zip _____	Telephone _____
From _____	To _____	Job Title _____	
Primary Responsibilities _____	Hourly Rate/Salary \$ _____		
Name of Direct Supervisor _____	Telephone _____		
Reason for Leaving _____	Were you fired? _____	Yes _____	No _____
Name of Co-Worker _____	Telephone _____		

<b>Firm Name</b> _____	<b>Address</b> _____		
City _____	State _____	Zip _____	Telephone _____
From _____	To _____	Job Title _____	
Primary Responsibilities _____	Hourly Rate/Salary \$ _____		
Name of Direct Supervisor _____	Telephone _____		
Reason for Leaving _____	Were you fired? _____	Yes _____	No _____
Name of Co-Worker _____	Telephone _____		

<b>Firm Name</b> _____	<b>Address</b> _____		
City _____	State _____	Zip _____	Telephone _____
From _____	To _____	Job Title _____	
Primary Responsibilities _____	Hourly Rate/Salary \$ _____		
Name of Direct Supervisor _____	Telephone _____		
Reason for Leaving _____	Were you fired? _____	Yes _____	No _____
Name of Co-Worker _____	Telephone _____		

<b>Firm Name</b> _____	<b>Address</b> _____		
City _____	State _____	Zip _____	Telephone _____
From _____	To _____	Job Title _____	
Primary Responsibilities _____	Hourly Rate/Salary \$ _____		
Name of Direct Supervisor _____	Telephone _____		
Reason for Leaving _____	Were you fired? _____	Yes _____	No _____
Name of Co-Worker _____	Telephone _____		

**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 a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drugs before being permitted to commence work with the City of Paragould.

\_\_\_\_\_Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination 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 Paragould.

\_\_\_\_\_Initials

I hereby certify that the information given by me is true in all respects. I authorize the City of Paragould 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 Paragould is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_Initials

I expressly understand and agree that, if employed, my employment, having no specific term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the City of Paragould or me) without prior notice to the other, unless otherwise prohibited by law.

\_\_\_\_\_Initials

I understand that no representation, whether oral or written, by any representative or agent of the City of Paragould, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the City of Paragould has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or an authorized representative.

\_\_\_\_\_Initials

I certify, under penalty of perjury, that all of 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.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should contact the Human Resources Office and update their application. Phone# (870) 239-7511 or email – [tisha.baldwin@paragouldcity.org](mailto:tisha.baldwin@paragouldcity.org)

NOTE; An offer of employment is conditioned upon complying with the City of Paragould’s requirements including, but not limited to signing a consent to conduct a background investigation.

**MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.**

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_