

The City of Conway 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
- AT THE TIME OF HIRE: FIREFIGHTERS MUST BE BETWEEN 21 AND 35 YEARS OF AGE; POLICE OFFICERS MUST BE AT LEAST 21 YEARS OLD

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 |
| PHONE NUMBER | ALT PHONE NUMBER | EMAIL ADDRESS |
| ZIP CODE | | |
| DRIVER LICENSE NO. | STATE | EXPIRATION DATE |

Are you currently employed by the City of Conway, 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 Conway? ☐ 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

State the facts: _____

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 Conway 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 Conway.
- 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 I am required to abide by all rules and regulations of the City of Conway.
- 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