

**CITY OF CONWAY**  
**EMPLOYMENT APPLICATION**  
 AN EQUAL OPPORTUNITY EMPLOYER



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.

**Instructions:**

- Fill out both sides completely
- Print in ink or type
- At date of hire: Firefighters must be between 21 and 32 years of age; Police must be at least 21 years of age.

<b>PERSONAL: DRIVERS LICENSE: STATE: _____ LICENSE NUMBER: _____</b>			
<b>** Applicant must have a valid driver's license**</b>			
<b>NAME: Last, First, Middle</b>		<b>Social Security #:</b>	<b>TODAY'S DATE:</b>
<b>ADDRESS (Number, Street, City, State, Zip)</b>		<b>Home Phone:</b>	<b>Work Phone:</b>
<b>POSITION APPLYING FOR:</b>  _____ Full <input type="checkbox"/> Part Time <input type="checkbox"/>		<b>REFERRED BY:</b>	<b>DATE AVAILABLE</b>
Have you ever worked for the City of Conway before? ___ Yes; ___ No. If Yes, give dates of employment, job and your name at the time of employment:			
Do you have any relatives employed by the City of Conway? ___ Yes; ___ No. If yes, please give all names and relationships to you:			
Have you ever been convicted of a felony, or discharged from military service with other than an honorable discharge? ___ Yes; ___ No. If yes, state the facts:			
<small>[NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age and time since the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.]</small>			
<b>EDUCATION</b>	<b>Name &amp; Location of School</b>	<b>Years Completed</b>	<b>Diploma or Degree Received</b>
High School			
Tech/Vocational School			
College			
<b>Special Skills and/or Licenses Held:</b>			
<b>U. S. MILITARY EXPERIENCE</b>			
<b>Branch</b>	<b>Dates of Service</b>	<b>Highest Rank Held and Military Occupation</b>	

<b>EMPLOYMENT HISTORY: (Begin with present or most recent employer)</b>			
<b>Time Employed</b>	<b>Name &amp; Address of Employer &amp; Immediate Supervisor</b>	<b>Position Held and Job Duties</b>	<b>Base Salary</b>
From ____ Mo. ____ Yr. To ____ Mo. ____ Yr. Total Time: _____	Company _____ Address _____ City/State _____ Telephone (____) _____ Supervisor _____		\$ _____  per hour
<b>Reason for Leaving:</b>			
<b>Time Employed</b>	<b>Name &amp; Address of Employer &amp; Immediate Supervisor</b>	<b>Position Held and Job Duties</b>	<b>Base Salary</b>
From ____ Mo. ____ Yr. To ____ Mo. ____ Yr. Total Time: _____	Company _____ Address _____ City/State _____ Telephone (____) _____ Supervisor _____		\$ _____  per _____
<b>Reason for Leaving:</b>			
<b>Time Employed</b>	<b>Name &amp; Address of Employer &amp; Immediate Supervisor</b>	<b>Position Held and Job Duties</b>	<b>Base Salary</b>
From ____ Mo. ____ Yr. To ____ Mo. ____ Yr. Total Time: _____	Company _____ Address _____ City/State _____ Telephone (____) _____ Supervisor _____		\$ _____  per _____
<b>Reason for Leaving:</b>			

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? \_\_\_\_ YES; \_\_\_\_ NO

<b>REFERENCES: Give names of three persons not relatives or former employers</b>			
<b>Name</b>	<b>Address</b>	<b>Occupation</b>	<b>Phone Number</b>

**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 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 falsification of 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to:**  
Human Resources  
1201 Oak Street  
Conway, AR 72032  
Phone: 501-450-6102  
Fax: 501-358-6325