

APPLICATION FORM

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The City of Texarkana, Arkansas does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped status, or any other legally protected status.

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. The City of Texarkana may change wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please inform the receptionist.

Position Desired		Date of application	
Date available for work			
Are you available to work _____ full time _____ part time _____ shifts			
_____ weekends _____ nights			
(If part time what hours and days:)			
Social Security No.			
Last Name		First	Middle
Street Address		Home Phone	
City, State, Zip		Business Phone	
If you are under 18 years of age, can you provide proof of your eligibility to work? _____ Yes _____ No			
Have you ever worked for this City? _____ Yes _____ No			
If yes, give prior name, dates and reason for leaving:			
Are you legally eligible to work in the United States? _____ Yes _____ No			
<i>Verification will be required upon employment and failure to furnish documentation will be cause for separation.</i>			
List all licenses you hold: (Drivers, electricians, etc.)			
Type _____	Number _____	Expiration Date _____	
Type _____	Number _____	Expiration Date _____	
Are you related to any city employee or any member of the City Board of Directors? _____ Yes _____ No			
If so, give name, department and relationship.			

Have you been convicted of a felony in the last 7 years or are you currently charged with the commission of a felony? Yes No If yes, state what, when and how: *(Note: this information does not in itself disqualify you for employment):*

Military Service: Branch _____ Date entered _____
 Date and type of discharge _____
 Indicate specific military experience or training that is job related: _____

In accordance with the Americans with Disabilities Act, the City of Texarkana will make reasonable accommodation for individuals qualified to perform all essential aspects of the job function. After reviewing the essential job functions from the attached job description are you able to do them?

Yes No If No, please explain: _____

EDUCATIONAL RECORD

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate	List Diploma or Degree
			5	6	7	8		
Elementary							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
High							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

EMPLOYMENT EXPERIENCE

Begin with current or latest employment.

1. Employer, Address	Date Started	To	Work Performed
Telephone:	<u>Hourly Rate/Salary</u> Starting	<u>Hourly Rate/Salary</u> Final	
Job Title:			
Supervisor:			
Reason for leaving:			
2. Employer, Address	Date Started	To	Work Performed
Telephone:	<u>Hourly Rate/Salary</u> Starting	<u>Hourly Rate/Salary</u> Final	
Job Title:			
Supervisor:			
Reason for leaving:			
3. Employer, Address	Date Started	To	Work Performed
Telephone:	<u>Hourly Rate/Salary</u> Starting	<u>Hourly Rate/Salary</u> Final	
Job Title:			
Supervisor:			
Reason for leaving:			
4. Employer, Address	Date Started	To	Work Performed
Telephone:	<u>Hourly Rate/Salary</u> Starting	<u>Hourly Rate/Salary</u> Final	
Job Title:			
Supervisor:			
Reason for leaving:			

Specify equipment or office machines you operate: _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name:	Address:	Telephone No.:
Name:	Address:	Telephone No.:
Name:	Address:	Telephone No.:

ADDITIONAL INFORMATION

Review the attached minimum qualifications and indicate any additional experience and training you have had which in your opinion would qualify you for the position you seek:

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to the city or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be as valid as the original.

I understand that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant: _____

(Unsigned applications will be disqualified.)

**APPLICANT INFORMATION
FOR RECORD KEEPING REQUIREMENTS**
(Answer All Questions and Please Print)

The City of Texarkana is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with the City of Texarkana.

Name: _____ Today's Date: _____

Title for job for which you have applied: _____

SEX AND RACE/ETHNIC IDENTIFICATION

SEX: Male Female (check one, please)

RACE/ETHNIC For the purpose of Equal Opportunity, race/ethnic categories are identified as follows. Please check the category which identifies your race/ethnic background.

WHITE: (not of Hispanic origin) – All persons having origin in any of the original peoples of Europe, North America or the Middle East.

BLACK: (not of Hispanic origin) – All person having origin in any of the Black racial groups of Africa.

HISPANIC All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of Far East, Southeast Asia, the Subcontinent or the Pacific Islands (Example... China, Japan, Korea, the Philippine Islands and Samoa).

AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.

I understand that I am protected by various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion, age (if over the age of 40) and, in some circumstances, disability or veteran status. I further understand that the information contained in this form is to be used solely in equal employment record keeping, reporting and other legal requirements. I also understand that this information will be kept in the strictest of confidence and will not be disclosed to others except for the above stated purpose and then only if necessary.

Signed: _____ Date: _____

NOTE: The information provided on this form will be kept separate from the employment application form.

TEXARKANA, ARKANSAS POLICE

APPLICANT INFORMATION

1. Full name: _____

2. Date of Birth: _____ Age: _____

3. Social Security #: _____

4. Race: _____ 5. Sex: Male Female

6. Address: _____

7. Phone #: _____ 8. Alt. Phone: _____

9. Driver's License: _____ State: _____

10. Do you have previous military experience: Yes No

What branch: _____ Length of enlistment: _____

Highest Rank: _____ Discharge type: _____

Military Occupational Specialty: _____

**** Please provide your DD214 form with this application.**

11. Prior police experience: Yes No

Name of Previous Police Employer: _____

Dates of Service: _____

Name of Previous Police Employer: _____

Dates of Service: _____

12. College Attended : _____

Number of hours: _____ Course of Study: _____

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Number of hours: _____

Course of Study: _____

13. Do you speak any language other than English? Yes No

If you answered yes, what other language do you speak _____

14. Do you know sign language? Yes No

15. Can you communicate using sign language? Yes No

16. Do you have an e-mail address? Yes No

If you answered yes, please provide us with your e-mail address:

17. What advertising source provided you with information on the availability of this position?

****Please circle one:**

Newspaper

Radio

Television

Internet

Friend

Other

NOTICE: The Texarkana, AR Police Department has a 'NO TOBACCO USE' policy for employees hired after 2-08-1998.