**CITY OF LINCOLN**

101 E BEAN STREET, PO BOX 967, LINCOLN, ARKANSAS, 72744

(479) 824-4274

 cityhall@lincolnarkansas.com

**Employment / Job Application**

**PERSONAL INFORMATION**

FULL NAME:

DATE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

E-MAIL:

PHONE:

SOCIAL SECURITY NUMBER (SSN):

-

-

DATE AVAILABLE:

DESIRED PAY: $

HOUR

SALARY

POSITION APPLIED FOR:

EMPLOYMENT DESIRED:

FULL-TIME

PART-TIME

SEASONAL

**EMPLOYMENT ELIGIBILITY**

Page 1

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ARE YOU A U.S. CITIZEN?

YES

NO\*

\*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.?

YES

NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER?

YES\*

NO

\*IF YES, WRITE THE START AND END DATES:

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES\*

NO

\*IF YES, PLEASE EXPLAIN:

Page 2

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**EDUCATION**

**HIGH SCHOOL**:

CITY / STATE:

FROM:

TO:

GRADUATE?

YES

NO

DIPLOMA:

**COLLEGE**:

CITY / STATE:

FROM:

TO:

GRADUATE?

YES

NO

DEGREE:

**OTHER**:

CITY / STATE:

FROM:

TO:

DEGREE:

**OTHER**:

CITY / STATE:

FROM:

TO:

Page 3

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**EMPLOYMENT HISTORY**

**EMPLOYER #1**:

E-MAIL:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

STARTING PAY: $

HOUR

SALARY

ENDING PAY: $

HOUR

SALARY

JOB TITLE:

RESPONSIBILITIES:

STARTING DATE:

ENDING DATE:

REASON FOR LEAVING:

**EMPLOYER #2**:

E-MAIL:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

STARTING PAY: $

HOUR

SALARY

Page 4

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ENDING PAY: $

HOUR

SALARY

JOB TITLE:

RESPONSIBILITIES:

STARTING DATE:

ENDING DATE:

REASON FOR LEAVING:

**EMPLOYER #3**:

E-MAIL:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP CODE:

STARTING PAY: $

HOUR

SALARY

ENDING PAY: $

HOUR

SALARY

JOB TITLE:

RESPONSIBILITIES:

STARTING DATE:

ENDING DATE:

REASON FOR LEAVING:

Page 5

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REFERENCES

REFERENCE #1:

RELATIONSHIP:

COMPANY:

TITLE:

E-MAIL:

PHONE:

REFERENCE #2:

RELATIONSHIP:

COMPANY:

TITLE:

E-MAIL:

PHONE:

REFERENCE #3:

RELATIONSHIP:

COMPANY:

TITLE:

E-MAIL:

PHONE:

Page 6

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**MILITARY SERVICE**

**ARE YOU A VETERAN?**

YES

NO

BRANCH:

RANK AT DISCHARGE:

STARTING DATE:

ENDING DATE:

TYPE OF DISCHARGE:

IF NOT HONORABLE, PLEASE EXPLAIN:

**DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE**

DATE:

**PRINT NAME**

Page 7

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