



**MONTICELLO**

# CITY OF MONTICELLO

Human Resources Department

203 West Gaines St.

P.O. Box 505, Monticello, AR 71657

(870) 367 – 4400 FAX (870) 367 – 4405

Website: [monticelloarkansas.us](http://monticelloarkansas.us)

*The City of Monticello is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Current Address \_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_

*City*

*State*

*Zip Code*

Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Home Business Message or Cell*

Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*mm/dd/yyyy*

Are you over the age of 18? \_\_\_\_ Yes \_\_\_\_ No  
(Note: At date of hire, Police officers must be at least 21 years of age.)

Have you ever been convicted of a felony or discharges from the military service dishonorably? \_\_\_\_ Yes \_\_\_\_ No

(Conviction will not necessarily disqualify an applicant for employment other than public safety. Civil Service Commission rules require that Public Safety employees have no felony convictions. Factors such as age and time since the offense, seriousness, and nature of the violation and rehabilitation will be taken into account.)

If yes, describe conditions:

\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible to be employed in the United States? \_\_\_\_ Yes \_\_\_\_ No  
(Proof of identity and eligibility will be required upon employment)

If yes, can you produce evidence of U.S. Citizenship or legal work status within three (3) days of a potential job offer? \_\_\_\_ Yes \_\_\_\_ No

Have you ever worked for the City of Monticello before? \_\_\_\_ Yes \_\_\_\_ No

If yes, Name at time of employment? \_\_\_\_\_

When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason why your employment ended? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? \_\_\_\_ Yes \_\_\_\_ No **(Do not answer this question until you have read the job description of the position applied for.)**

If no, please explain. (If you are unsure or have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

Have you ever done any volunteer work? \_\_\_\_ Yes \_\_\_\_ No If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Are you able to work around hazardous materials if provided the proper PPE? \_\_\_\_ Yes \_\_\_\_ No

Have you served in the Armed Forces or National Guard of the United States? \_\_\_\_ Yes \_\_\_\_ No

If Yes, list Branch: \_\_\_\_\_

Dates Served: \_\_\_\_\_ to \_\_\_\_\_

## Education

| Education          | Name & Location of School | Did you Graduate? | Major | Degree/Diploma |
|--------------------|---------------------------|-------------------|-------|----------------|
| High School/GED    |                           |                   |       |                |
| College/University |                           |                   |       |                |
| College/University |                           |                   |       |                |
| Other Training     |                           |                   |       |                |

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Monticello? Specify office equipment, machines, computer software, licenses, special training and classes:

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Account for any full month since leaving school (high school or college) that you were not working:

| From (Month/Year) | To (Month/Year) | Reason |
|-------------------|-----------------|--------|
|                   |                 |        |
|                   |                 |        |
|                   |                 |        |

Do you have any relatives or friends who work for the Company? \_\_\_ Yes \_\_\_ No

If yes, what is their name, what department/position do they work in and what is their relation to you?

If employed in the position for which you have applied, would you be in a direct supervisory relationship (receive supervision or provide supervision) to any relative or member of your household? \_\_\_ Yes \_\_\_ No. If Yes, in the space provided below, list the full name(s) of the relative(s) and their relationship to you.

|                              |                            |                   |
|------------------------------|----------------------------|-------------------|
| <i>Full Name of Relative</i> | <i>Relationship to You</i> | <i>Department</i> |
|------------------------------|----------------------------|-------------------|

|                              |                            |                   |
|------------------------------|----------------------------|-------------------|
| <i>Full Name of Relative</i> | <i>Relationship to You</i> | <i>Department</i> |
|------------------------------|----------------------------|-------------------|

When are you available to begin work? \_\_\_\_\_

Are you able and willing to work overtime and weekends? \_\_\_ Yes \_\_\_ No

Are you available to work: DAYS [ ] NIGHTS [ ] WEEKENDS [ ] FULL TIME [ ] If you cannot work full time, please explain:

Days and Hours Available: (If employed, notification must be provided in writing should availability change.)

| Day          | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------------|--------|--------|---------|-----------|----------|--------|----------|
| <b>From:</b> |        |        |         |           |          |        |          |
| <b>To:</b>   |        |        |         |           |          |        |          |

## References

Give names and addresses of three (3) persons, other than relatives, who have knowledge of your character, experience or ability:

| Name  | Address | Phone# | Occupation |
|-------|---------|--------|------------|
| _____ | _____   | _____  | _____      |
| _____ | _____   | _____  | _____      |
| _____ | _____   | _____  | _____      |

## Employment History

List all jobs held, (must cover last 10 years), Full-Time, Part-Time, Temporary/Seasonal, Voluntary and Military Service. Ensure that the information provided is complete and accurate. Provide all requested information. A resume may be attached to provide additional or more detailed information. Indicate reason for leaving employment, i.e., Resigned, Dismissed, Layoff, or Temporary Employment. If necessary, you may attach additional pages. Contact Personnel Office if you have questions or need assistance in completing this application.

### BEGIN WITH YOUR CURRENT OR LAST EMPLOYER

|  |                             |
|--|-----------------------------|
| Job Title _____  | Description of Duties _____ |
| Employer _____   | _____                       |
| Address _____  | _____                       |
| _____  | _____                       |
| Supervisor's Name _____  | _____                       |
| Telephone Number _____   | _____                       |
| Dates Employed _____ to _____  | _____                       |
| Full-Time _____ Part-Time _____  | _____                       |
| Number of Hours Worked per Week _____  | _____                       |
| Salary: Start _____ Final _____  | _____                       |
|  | Reason for Leaving _____    |
| If this is your present employer, may we contact for a reference? Yes _____ No _____ |                             |

|  |                             |
|--|-----------------------------|
| Job Title _____  | Description of Duties _____ |
| Employer _____   | _____                       |
| Address _____  | _____                       |
| _____  | _____                       |
| Supervisor's Name _____  | _____                       |
| Telephone Number _____   | _____                       |
| Dates Employed _____ to _____  | _____                       |
| Full-Time _____ Part-Time _____  | _____                       |
| Number of Hours Worked per Week _____  | _____                       |
| Salary: Start _____ Final _____  | _____                       |
|  | Reason for Leaving _____    |
| If this is your present employer, may we contact for a reference? Yes _____ No _____ |                             |

|  |                             |
|--|-----------------------------|
| Job Title _____  | Description of Duties _____ |
| Employer _____   | _____                       |
| Address _____  | _____                       |
| _____  | _____                       |
| Supervisor's Name _____  | _____                       |
| Telephone Number _____   | _____                       |
| Dates Employed _____ to _____  | _____                       |
| Full-Time _____ Part-Time _____  | _____                       |
| Number of Hours Worked per Week _____  | _____                       |
| Salary: Start _____ Final _____  | _____                       |
|  | Reason for Leaving _____    |
| If this is your present employer, may we contact for a reference? Yes _____ No _____ |                             |

|  |                             |
|--|-----------------------------|
| Job Title _____  | Description of Duties _____ |
| Employer _____   | _____                       |
| Address _____  | _____                       |
| _____  | _____                       |
| Supervisor's Name _____  | _____                       |
| Telephone Number _____   | _____                       |
| Dates Employed _____ to _____  | _____                       |
| Full-Time _____ Part-Time _____  | _____                       |
| Number of Hours Worked per Week _____  | _____                       |
| Salary: Start _____ Final _____  | _____                       |
|  | Reason for Leaving _____    |
| If this is your present employer, may we contact for a reference? Yes _____ No _____ |                             |



**CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE  
SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE  
AND INDEMNITY AGREEMENT**

**I HEREBY CONSENT** to allow the selected testing facility to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen.

**I FURTHER CONSENT** to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, The City of Monticello.

**I UNDERSTAND** that according to the City of Monticello's Drug and Alcohol Policy, which I have read and understand, I may be required to undergo testing procedures, including, but not limited to, urine, saliva, hair or blood analysis, or breath testing.

**THE PURPOSE** of this testing is to determine the absence or presence of drugs or alcohol.

**I CONSENT** freely and voluntarily to any such drug and alcohol testing that the City conducts pursuant to its Drug and Alcohol Testing Policy. I hereby release and hold harmless the City of Monticello and its employees and agents from any liability whatsoever arising from its drug testing program.

**I UNDERSTAND** a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process.

**I UNDERSTAND** that refusal to submit to any required test without a valid medical explanation will result in immediate discharge from my employment. Refusal to execute any required consent forms, refusal to cooperate regarding the collection of samples, or submission or attempted submission of an adulterated or substituted urine sample shall be deemed refusal to submit to a required test.

In consideration for such services being rendered on my behalf, I hereby **RELEASE** the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby **CONSENT NOT TO FILE ANY ACTION** at law or inequity against The City of Monticello, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to **INDEMNIFY** and **SAVE HARMLESS** The City of Monticello, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Parent/Guardian Name (Print name)

\_\_\_\_\_  
Parent/Guardian Signature (for minors)

**Notice to Applicants – Please read carefully!!**

If you have a disability and require reasonable accommodation in the application and/or testing process, please complete a Reasonable Accommodation Request Form. Forms are available and should be returned to the Monticello Human Resource Department at 203 West Gaines St., Monticello, AR 71655. The request to the Human Resource Department may be in writing, by telephone (870-367-4400 ext. 2), or in person. To avoid unnecessary delay, please submit your request and documentation of the need for accommodation at least 48 hours in advance of the time the accommodation is needed.

**You must read and sign this block to be considered for employment with the City of Monticello.**

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 any employment contract.

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

I give complete permission to former employers to release to the City of Monticello or its authorized representative(s) 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 at the city. A photocopy of this authorization shall be valid as the original.

I understand that my appointment will be at the discretion of the department head, subject to the approval of the Mayor or General Manager and that this application is property of the city and will become a part of my file if I am accepted for employment.

Signature of applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

Parent Signature required if applicant is under the age of 18(Seasonal Lifeguards).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrative Use Only**

**RESULTS**

**Employed: Yes [ ] No [ ]**

**If Yes, Job Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Date beginning employment** \_\_\_\_\_ **Compensation: \$** \_\_\_\_\_ **per** \_\_\_\_\_

**Interviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

## **APPLICANT INFORMATION FORM**

The CITY OF MONTICELLO is an Equal Opportunity Employer. We recognize 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 MONTICELLO.

### **SEX and RACE/ETHNIC IDENTIFICATION**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

**SEX:**            ☐ MALE        ☐ FEMALE

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

- ☐ **WHITE:** (not Hispanic origin) – all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **BLACK:** (not of Hispanic origin) – all persons having origins 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 the Far East, Southeast Asia, the Subcontinent or the Pacific Islands. (Example... China, Japan, Korean, the Philippine Islands, and Samoa).
- ☐ **AMERICAN INDIAN or ALASKAN NATIVE:** All persons that have origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

### **REFERRAL SOURCE(S)**

**HOW DID YOU LEARN OF THIS POSITION? Please check all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Personnel Office Posting</b>               | <input type="checkbox"/> <b>Newspaper Advertisement</b>   |
| <input type="checkbox"/> <b>Relative or Friend (not city employee)</b> | <input type="checkbox"/> <b>City Employee</b>             |
| <input type="checkbox"/> <b>Private Employment Agency</b>              | <input type="checkbox"/> <b>College/University</b>        |
| <input type="checkbox"/> <b>Employment Security Office</b>             | <input type="checkbox"/> <b>Social/Civic Organization</b> |
| <input type="checkbox"/> <b>Business/Training Center</b>               | <input type="checkbox"/> <b>Other (specify)_____</b>      |