

**CITY OF HEBER SPRINGS**  
**Human Resources Department**  
**1001 West Main St.**  
**Heber Springs, Arkansas 72543**  
**(501) 362-4900 FAX (501) 250-0844**  
**www.cityofhebersprings**

The City of Heber Springs is an Equal Opportunity Employer and is committed to providing equal employment opportunity with regard to race, color, religion, national origin, age, sex, sexual orientation, marital or parental status, veteran status, or disability.

Position applying for: _____	Date: _____
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How did you find out about this position? Newspaper/website/friend/employee: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

Have you ever worked for the City of Heber Springs before? \_\_\_\_ Yes \_\_\_\_ No. If yes, give dates of employment and job/department: \_\_\_\_\_

Are you at least 18 years old or older? \_\_\_\_ 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 \_\_\_\_ Yes \_\_\_\_ No

(Conviction will not necessarily disqualify an applicant for employment other than public safety. Factors such as age and time since the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. **Civil Service**

**Commission rules require that Public Safety employees have no felony convictions)**

If yes, give Date and Details: \_\_\_\_\_

Name and Relationship of relatives employed by the City of Heber Springs: \_\_\_\_\_

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

If yes, list Branch: \_\_\_\_\_ Dates Served: \_\_\_\_\_ to \_\_\_\_\_

Highest Level of Education: High School 9 10 11 12, College: Associates, Bachelors, etc.

References:

Name:	Address	Occupation	Phone Number

**Employment History - BEGIN WITH YOUR PRESENT OR LAST EMPLOYER**

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Full Time or Part Time \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
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Supervisor Name \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Full Time or Part Time \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Reason for Leaving: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Full Time or Part Time \_\_\_\_\_  
Hourly Rate/Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_ Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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

Applicant's Statement: You **MUST read and SIGN this** to be considered for employment.

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 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 to be terminated.

I give complete permission to former employers to release to the City of Heber Springs 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 my appointment will be at the discretion of the department head, subject to the approval of the Mayor and that this application is the property of the city and will become a part of my file if I am accepted for employment.

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Signature of Applicant

Date Signed