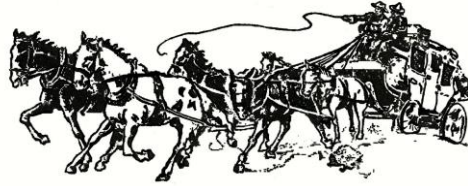


CITY OF LOWELL



A TOWN WITH A PAST ~ A CITY WITH A FUTURE

APPLICATION FOR EMPLOYMENT

Our policy is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, religion, national origin, disability status or other legally protected status.

Name _____

Date _____

Address _____

Telephone number where you can be reached or a message left for you _____

Are you 18 years old or older? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

Do you have the legal right to work and remain in the United States? ____ Yes ____ No

If YES, can you produce evidence of U.S. citizenship or legal work status within (3) days?
____ Yes ____ No

Can you perform the duties of the job for which you are applying with or without reasonable accommodations? ____ Yes ____ No

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA/DEGREE
HIGH SCHOOL			
COLLEGE/UNIV.			
OTHER TRAINING EDUCATION; INCLUDING TECH SCHOOLS			

EQUAL OPPORTUNITY EMPLOYER

POSITION(S) APPLIED FOR:

1. _____ 2. _____

Wage or salary desired \$ _____ When can you start?

Work History

Most Recent Employer:	Address:	Telephone:
Date Started :	Starting Salary: \$ Per:	Starting Position:
Date Left:	Salary on leaving: \$ Per:	Position on Leaving:
Name of Supervisor:	Description of Duties:	Reason for Leaving:
May we contact this employer? ____ Yes ____ No		
Most Recent Employer:	Address:	Telephone:
Date Started :	Starting Salary: \$ Per:	Starting Position:
Date Left:	Salary on leaving: \$ Per:	Position on Leaving:
Name of Supervisor:	Description of Duties:	Reason for Leaving:
May we contact this employer? ____ Yes ____ No		

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Most Recent Employer:	Address:	Telephone:
Date Started :	Starting Salary: \$ Per:	Starting Position:
Date Left:	Salary on leaving: \$ Per:	Position on Leaving:
Name of Supervisor:	Description of Duties:	Reason for Leaving:
May we contact this employer? ____ Yes ____ No		

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Lowell? Specify office equipment, machines, computers you can operate:

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

NAME	ADDRESS/PHONE NO.	OCCUPATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

EQUAL OPPORTUNITY EMPLOYER

CITY OF LOWELL
AUTHORIZATION TO RELEASE INFORMATION

I, _____ am an applicant for employment with the City of Lowell. In order to process my application, certain information must be made available to the Mayor of the City of Lowell, Arkansas. This information is for my benefit. This release is valid for a period of one (1) year from its date.

I hereby authorize, request, and direct educational institutions; my references, my employers (past and present); financial institutions of any kind; credit bureau or consumer reporting agency; medical institutions and doctors; military records; and any other person, institution or organization; and all governmental agencies (local, state, federal or foreign), wherever said individuals or organizations are situated, to release to the Mayor of the City of Lowell, or to any representative thereof, any document, information, record or file that the City of Lowell deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I hereby release you, as the custodian of such records and all of said individuals and organizations, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Further, I appoint the Mayor, or his representative, as my agent and attorney-in-fact for the sole purpose of collecting information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Signature

Date

Address: _____

Phone

AFFIDAVIT

I, _____ am the person who executed the above authorization. I understand its meaning, intention, and effect, and the statements made there in are true and correct.

Applicants Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public: _____ My commission expires: _____

EMPLOYEE STATEMENT

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.

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 authorize former employers to release to the City of Lowell 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 or facsimile 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.

Signature of Applicant: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER