



804 Fayetteville Ave., Suite B
Alma, Arkansas 72921

Application For Employment

Complete all Necessary information. You may be asked to provide additional information on another form. Be sure to sign and date the application before returning. Please print

Date _____

Name _____ Social Security # _____

Current Address _____

City/State/Zip _____ Phone # _____

Position Applied for _____ Desired Wage _____

Date Available for work _____

Education & Training

Name Of School	Years Attended	Year Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referances

Name	Phone #
_____	_____
_____	_____

PLEASE ATTACH RESUME INCLUDING WORK HISTORY

"I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITY OF ALMA POLICIES AND REGULATIONS. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY CHANGE WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY OF ALMA.

DATE _____ SIGNATURE _____