

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE: MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS **NOT RELATED** TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE 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 MOUNTAIN VIEW'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE CITY OF MOUNTAIN VIEW'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY OF MOUNTAIN VIEW. I UNDERSTAND THAT NO CITY OF MOUNTAIN VIEW REPRESENTATIVE, OTHER THAN THE MAYOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE MAYOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS

ABILITY

HIRED: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1.

2.

3

MAYOR

DEPT. HEAD

DEPT. MANAGER

311 W. Main Street
P.O. Box 360
Mountain View, AR 72560
Office: 870-269-3293
Fax: 870-269-9158



**CITY OF MOUNTAIN VIEW
STATEMENT OF SELECTIVE SERVICE STATUS
IN COMPLIANCE WITH ACT 228 OF THE 1997
ACT OF THE ARKANSAS GENERAL ASSEMBLY**

I understand that to be eligible for employment with the City of Mountain View, Arkansas, that I must register or be exempt from registration with the Selective Service System in accordance with the Military Selective Service Act, 50 U.S.C. Appx 451 et seq., as specified in Act 228 of the 1997 Acts of Arkansas General Assembly. I therefore swear or affirm under penalty of perjury that I have registered with the Selective Service System, or that I am exempted from such registration because of the following provision(s) of the Military Selective Service Act or Act 228 of the 1997 Acts of the Arkansas General Assembly:

- I am female.
- I am a current member of the armed forces on active duty.
- I am under 18 years of age.
- I am 26 years of age or over.
- I am an exempted resident alien.
- Other, please specify: _____

Name (Please Print Clearly)

Applicant Signature

Date