

BENTON COUNTY

Application for Employment
215 E Central, Suite 9
Bentonville, Arkansas 72712
Equal Opportunity Employer

Name: _____ Date: _____
(Last / First / Middle)

Address: _____
(No. Street / City / State / Zip)

Telephone: (____) _____ - _____ Email Address: _____

Are you 18 years of age or older? Yes No

Position or positions applying for: _____ Rate of pay expected _____

Date you can start work: _____ Employment desired: FULL-TIME PART-TIME TEMPORARY

List of friends or relatives employed by the county: _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Have you worked for a county or municipality before? Yes No If yes when: _____ where: _____

Type	Name/Location	Course of Study	# Years Completed	Degree/ Diploma
High School				
College				
Technical or Other				

If you have any special skills that you want us to know about, please describe them here: _____

Are there any known work place accommodations you would like for the county to consider at this time? Yes No

If yes, please explain: _____

U.S. MILITARY RECORD

Have you served in the United States Armed Forces? Yes No

If yes, please give the dates of service: From: _____ to _____ Branch: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the county to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of these employers, references, academic institutions, and the county from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the county. I understand that any false or misleading statements will be sufficient cause for rejection of my application with the county if the county has not employed me and for immediate dismissal if the county has employed me. In the event of my employment with the county, I will comply with all the official policies of the county set forth in any county policy manual or the other communications distributed by the county.

Signature of Applicant

Date

EMPLOYMENT BACKGROUND

Start with your **present** or **most recent** job and work backwards. Omit Military Service. Please list each employer for the past 10 years. Attach additional sheet if necessary.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
Describe your duties:			

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Please list two references other than relatives or previous employers.	
Name	Name
Address	Address
Phone	Phone