



## CITY OF BENTON

Human Resources Department  
410 River Street, Benton, AR 72015  
Or PO Box 607, Benton, AR 72018

(501) 776-5900 [human.resources@bentonar.org](mailto:human.resources@bentonar.org)  
[www.bentonar.org](http://www.bentonar.org)

The City of Benton 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 applied for: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street or P. O. Box

\_\_\_\_\_ City State Zip

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

Email address \_\_\_\_\_

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

(Note: At date of hire, Firefighters must be between 18 and 34 years of age; Police officers must be at least 20 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. Civil Service Commission rules require that Public Safety employees have no felony convictions.) If yes, describe conditions:

Do you have a 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 three (3) days?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Can you perform the duties of the job for which you are applying with or without reasonable accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No (Do not answer this question until you have read the job description of the position applied for.)

Have you served in the Armed Forces or National Guard of the United States? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes, list Branch: \_\_\_\_\_

Dates Served: \_\_\_\_\_ to \_\_\_\_\_

## Employment History

List all jobs held, (must cover last 10 years), Full-time, Part-time, Temporary/Seasonal, Voluntary and Military Service. Ensure that the information you provide is complete and accurate. Provide all requested information. A resume may be attached to provide additional or more detailed information. Indicate reason for leaving employment, i.e., Resigned, Dismissed, Layoff, or Temporary Employment. If necessary, you may attach additional pages. Contact the Personnel Office if you have questions or need assistance in completing this application.

### BEGIN WITH YOUR PRESENT OR LAST EMPLOYER

|   |  |
|---|--|
| <b>Job Title</b> _____<br><b>Employer</b> _____<br><b>Address</b> _____<br>_____<br><b>Supervisor's Name</b> _____<br><b>Telephone Number( )</b> _____<br><b>Dates Employed</b> _____ <b>to</b> _____<br><b>Full-Time</b> _____ <b>Part-Time</b> _____<br><b>Number of Hours Worked per Week</b> _____<br><b>Salary: Start</b> _____ <b>Final</b> _____ | <b>Description of Duties</b><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><b>Reason for Leaving</b> _____<br>_____ |
| If this is your present employer, may we contact for a reference?    Yes _____ No _____   |  |

|   |  |
|---|--|
| <b>Job Title</b> _____<br><b>Employer</b> _____<br><b>Address</b> _____<br>_____<br><b>Supervisor's Name</b> _____<br><b>Telephone Number( )</b> _____<br><b>Dates Employed</b> _____ <b>to</b> _____<br><b>Full-Time</b> _____ <b>Part-Time</b> _____<br><b>Number of Hours Worked per Week</b> _____<br><b>Salary: Start</b> _____ <b>Final</b> _____ | <b>Description of Duties</b><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><b>Reason for Leaving</b> _____<br>_____ |
|---|--|

|   |  |
|---|--|
| <b>Job Title</b> _____<br><b>Employer</b> _____<br><b>Address</b> _____<br>_____<br><b>Supervisor's Name</b> _____<br><b>Telephone Number( )</b> _____<br><b>Dates Employed</b> _____ <b>to</b> _____<br><b>Full-Time</b> _____ <b>Part-Time</b> _____<br><b>Number of Hours Worked per Week</b> _____<br><b>Salary: Start</b> _____ <b>Final</b> _____ | <b>Description of Duties</b><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><b>Reason for Leaving</b> _____<br>_____ |
|---|--|

|   |  |
|---|--|
| <b>Job Title</b> _____<br><b>Employer</b> _____<br><b>Address</b> _____<br>_____<br><b>Supervisor's Name</b> _____<br><b>Telephone Number( )</b> _____<br><b>Dates Employed</b> _____ <b>to</b> _____<br><b>Full-Time</b> _____ <b>Part-Time</b> _____<br><b>Number of Hours Worked per Week</b> _____<br><b>Salary: Start</b> _____ <b>Final</b> _____ | <b>Description of Duties</b><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><b>Reason for Leaving</b> _____<br>_____ |
|---|--|

## Education

| Education           | Name & Location Of School | Did you Graduate? | Major | Diploma/ Degree |
|---------------------|---------------------------|-------------------|-------|-----------------|
| High School         |                           |                   |       |                 |
| College/ University |                           |                   |       |                 |
| College/ University |                           |                   |       |                 |
| Other Training      |                           |                   |       |                 |

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Benton? Specify office equipment, machines, computer software, licenses, special training or classes:

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If employed in the position for which you have applied, would you be in a direct supervisory relationship (receive supervision or provide supervision) to any relative or member of your household? \_\_\_\_\_Yes \_\_\_No. If yes, in the space provided below, list the full name(s) of the relative(s) and their relationship to you.

| Full Name of Relative | Relationship to you | Department |
|-----------------------|---------------------|------------|
| Full Name of Relative | Relationship to you | Department |

## References

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

| Name | Address/Phone # | Occupation |
|------|-----------------|------------|
|      |                 |            |
|      |                 |            |
|      |                 |            |

**Notice to Applicants – Please read carefully!!!**

If you have a disability and require reasonable accommodation in the application and/or testing process, please complete a Reasonable Accommodation Request Form. Forms are available and should be returned to the Benton Human Resources Department at 114 S. East Street, Benton, AR 72015. The request to the Human Resources Department may be in writing, by telephone (501-776-5900 ext. 105 or 106), or in person. To avoid unnecessary delay, please submit your request and documentation of the need for accommodation at least 48 hours in advance of the time the accommodation is needed.

**You must read and sign this block to be considered for employment with the City of Benton.**

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 Benton 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 or General Manager 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: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Date of Signature: \_\_\_\_\_

## APPLICANT INFORMATION FORM

The CITY OF BENTON is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process and failure to provide the information WILL NOT jeopardize your opportunity for employment with the CITY OF BENTON.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position applied for: \_\_\_\_\_

### SEX and RACE/ETHNIC IDENTIFICATION

SEX: ☐ Male ☐ Female

**RACE/ETHNIC:** For the purpose of Equal Opportunity, race/ethnic categories are identified as follows... Please check the category, which identifies your race/ethnic background.

☐ **WHITE:** (not Hispanic origin) – all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **BLACK:** (not of Hispanic origin) – all persons having origins of the Black racial groups of Africa.

☐ **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **ASIAN or PACIFIC ISLANDERS:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands. (Example...China, Japan, Korea, the Philippine Islanders, and Samoa).

☐ **AMERICAN INDIAN or ALASKAN NATIVE:** All persons have origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

### REFERRAL SOURCE(s)

HOW DID YOU LEARN OF THIS POSITION? Please check all that apply.

\_\_\_\_\_ Personnel Office Posting

\_\_\_\_\_ Newspaper Advertisement

\_\_\_\_\_ Relative or Friend (not city employee

\_\_\_\_\_ City employee

\_\_\_\_\_ Private Employment Agency

\_\_\_\_\_ College/University

\_\_\_\_\_ Employment Security Office

\_\_\_\_\_ Social/Civic Organization

\_\_\_\_\_ Business/Training School

\_\_\_\_\_ Other (specify) \_\_\_\_\_