City of Wynne - Employment Application Return Completed Application to the Parks & Rec Department located at 2701 HWY 1 or email to zmorris@cityofwynne.com

Applicant Information						
Last Name		First	M.I.	Date		
Street Address		Apartmer	Apartment/Unit #			
City		State	Zip	Zip		
Phone		E-mail				
Date Available	Social Security No.		Desired Salary			
Position Applied for						
Are you legally eligible to work in the U.S.	No 🗌					
Do you have a CDL? Yes 🗆		No 🔲 If yes, what class?				
Have you ever been convicted of a felony?	Yes 🗆	No 🔲 If yes, explain.				

Education					
High School			Addres	s	
From	То	Did you graduate?	Yes 🗖	No 🗖	Degree
College			Address	5	
From	То	Did you graduate?	Yes 🔲	No 🗖	Degree
Other		Address	5		
From	То	Did you graduate?	Yes 🔲	No 🗖	Degree

Employment History			
Company		From	То
Address	Phone #		
Supervisor	Responsiblitie	s	
May we contact? Yes 🔲 No 🔲			
Company		From	То
Address	Phone #		
Supervisor	Responsiblitie	S	
May we contact? Yes 🔲 No 🔲			
Company		From	То
Address	Phone #	-	
Supervisor	Responsiblitie	S	
May we contact? Yes 🔲 No 🔲			

References				
Full Name	Relationship			
Company	Phone #			
Address				
Full Name	Relationship			
Company	Phone #			
Address				
Full Name	Relationship			
Company	Phone #			
Address				

Disclaimer and Signature

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I am providing consent for a background check and review of my driving record. I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature

Date