

Application for Employment

Pope County EMS, 1850 N. Arkansas Ave, Russellville, AR 72802

Please Read Before Filling Out This Application.

This application will be given consideration for 1 year.

The County of Pope does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry or on the basis of age against persons whose age is forty or older. No question is asked with the intent to discriminate. When college education is required for the position for which you are applying, complete college transcript(s) must be submitted.

APPLICANT INFORMATION			DRIVERS LICENSE # _____	
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.	Desired Salary	
For what position(s) are you applying?		Do you have any objections to wearing a uniform? <input type="checkbox"/> yes <input type="checkbox"/> no		
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for Pope County?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when and where?	
Have you ever been convicted of an offense other than traffic violations?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Any objection to working overtime? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>				
Name(s) of relatives working for Pope County, if any. _____				
EDUCATION				
High School		Address		
		Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		Address		
		Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
		Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Do you have any objections to working: Days? _____ Evenings? _____ Nights? _____ Weekends? _____ Holidays? _____				
REFERENCES – PLEASE LIST THREE PROFESSIONAL REFERENCES				
Full Name		Relationship		
Company		Phone ()		
Address & E-mail				
Full Name		Relationship		
Company		Phone ()		
Address & E-mail				
Full Name		Relationship		
Company		Phone ()		
Address & E-mail				

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