

**ROGERS CIVIL SERVICE COMMISSION SMOKING POLICY**

7:06 A.1. Applicants: All applicants shall execute a sworn affidavit as provided by the fire chief attesting to the fact that the applicant has not smoked tobacco products within the year prior to being administered the entry level examination. Failure to do so shall be cause for denial of entry level testing opportunity.

7:06 A.2. New Hire: Prior to appointment, persons to being employed after September 10, 1986, shall execute a sworn affidavit as provided by the chief prior to his appointment that he swears or affirms that he will not smoke tobacco products, whether on or off duty, during the course of his employment and acknowledging that violation of this department policy can result in suspension, reduction or discharge.

STATE OF ARKANSAS  
COUNTY OF BENTON

**AFFIDAVIT**

I hereby certify to the Rogers Civil Service Commission and the Chief of the City of Rogers Fire Department that I understand the non-smoking pre-employment conditions - employment smoking prohibition set forth in the Rogers Civil Service Commission regulations and swear affirmatively that I will abide by such regulations and will be subject to penalties set forth therein for any violation thereof.

Further I affirm that I have not smoked tobacco products within the year prior to being administered the entry level examination.

I further attest that I will not smoke tobacco products, whether on or off duty, during the course of my employment and acknowledging that violation of this department policy can result in suspension, reduction or discharge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_.

Signature \_\_\_\_\_

Subscribed and Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_



Human Resources www.rogersarkansas.com
301 W. Chestnut - Rogers, AR 72756 • (479) 621-1117 - (479) 631- 2767 fax

The Employment History section of this application must be completed. Incomplete applications will not be considered. Position applied for must be specified.

Application for Employment
Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the applicant and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_
POSITION MUST BE SPECIFIED
Referral Source: [ ] Advertisement [ ] Employee [ ] Relative [ ] Government Employment
[ ] Walk-in [ ] Private Employment Agency [ ] Other \_\_\_\_\_
Type of employment desired: [ ] Full-time [ ] Part-time [ ] Temporary [ ] Seasonal
Name \_\_\_\_\_
Last First Middle
Address \_\_\_\_\_ Social Security # \_\_\_\_\_
Street City State Zip (Law Enforcement only)
Telephone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

May we contact you at work? [ ] Yes [ ] No

If yes, work number and best time to call? \_\_\_\_\_

If necessary; best time to call you at home is? \_\_\_\_\_

If you are under 18 and it is required can you furnish a work permit? [ ] Yes [ ] No

Have you submitted an application before? [ ] Yes [ ] No

Are you legally eligible for employment in this country? [ ] Yes [ ] No

Will you travel if the job required it? [ ] Yes [ ] No

Are you able to meet the attendance requirements of the position? [ ] Yes [ ] No

Will you work overtime if required? [ ] Yes [ ] No

Have you ever been convicted of a crime? [ ] Yes [ ] No

If so, please provide dates and details. \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function. \_\_\_\_\_ State \_\_\_\_\_

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## EMPLOYMENT HISTORY

Starting with you most recent employer, assignments or volunteer activities, provide the following information.

Employer	Telephone #	From: Month Year	To: Month Year
Street Address	City	Date Employed	State
			Compensation (Starting)
Starting Job Title/Final Job Title			\$ per
Immediate Supervisor and Title			
Reason for Leaving			
			Compensation (Final)
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			\$ per
Summary of job responsibilities:			

Employer	Telephone #	From: Month Year	To: Month Year
Street Address	City	Date Employed	State
			Compensation (Starting)
Starting Job Title/Final Job Title			\$ per
Immediate Supervisor and Title			
Reason for Leaving			
			Compensation (Final)
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			\$ per
Summary of job responsibilities			

Employer	Telephone #	From: Month Year	To: Month Year
Street Address	City	Date Employed	State
			Compensation (Starting)
Starting Job Title/Final Job Title			\$ per
Immediate Supervisor and Title			
Reason for Leaving			
			Compensation (Final)
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			\$ per
Summary of job responsibilities			

Employer	Telephone #	From: Month Year	To: Month Year
Street Address	City	Date Employed	State
			Compensation (Starting)
Starting Job Title/Final Job Title			\$ per
Immediate Supervisor and Title			
Reason for Leaving			
			Compensation (Final)
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			\$ per
Summary of job responsibilities			

## SKILLS & QUALIFICATIONS

- Word
  Excel
  Access
  PowerPoint
  Internet

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

**Educational Background (if job related)**

Starting with you most recent school attended, provide the following information.

School (Include City & State)	Number of Years Completed	Achieved	GPA Class Rank	Major	Minor
		GED Diploma Degree			
		GED Diploma Degree			
		GED Diploma Degree			

**References**

List name and telephone number of three business/work references. Please do not list family members.

Name	Title	Relationship to Candidate	Telephone	Years Known

**Additional Information**

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any similarly protected status.

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List any additional information you would like us to consider:

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List names and relationship of any relatives currently employed by the City of Rogers:

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**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.**

**NOTICE: All applications and resume submissions are subject to public disclosure upon request under the Arkansas Freedom of Information Act.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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