

APPLICATION FOR EMPLOYMENT

Human Resources



5800 W. 10th Street, Suite 101
P.O Box 251970
Little Rock, AR 72225
EQUAL OPPORTUNITY EMPLOYER

Position(s) Applied For: _____ Application Date: _____

How Did You Learn About Us?
 Advertisement Friend Walk-in
 Employment Agency Relative Other _____

Have you ever been convicted of a felony? No Yes, If yes, attach a written explanation.

PERSONAL DATA

Last Name		First Name		Middle Name	
Address Number	Street	City	State	Zip Code	
Home Phone:		Social Security Number			
Business Phone:		Message Phone:			

Some positions require shift work. Indicate the shift(s) you are available:
 Day Evening Night Weekend-Day Weekend-Night

Date available for Work: _____ Salary Expected: _____

Have you ever been employed by or volunteered for **The Centers** ? Yes No
Have you ever applied at **The Centers** or any of our member organization before? Yes No
Are any of your relatives employed by **The Centers**? Yes No
If unsure indicate yes, If yes to any of the three questions above, please elaborate (when, where, who):

EDUCATION

	School Name & Location	Number of Years or Hours Completed	Diploma/Degree	Major/Minor Course of Study
High School				
College				
Postgraduate				
Other				

1. Has a federal or state office told you that you are guilty of child/elder/client abuse or neglect? Yes* No
2. Are you currently under investigation for child/client/elder abuse or neglect? Yes* No
**If yes, to either of these two questions please attach a written explanation.*

Certificate or License: Is your license currently under review? Yes No If yes, attach a written explanation.
Has your license ever been suspended or revoked? Yes No If yes, attach a written explanation.

OCCUPATIONAL HISTORY (INCLUDE UNITED STATES MILITARY SERVICE)

LIST ALL POSITIONS HELD, STARTING WITH YOUR MOST RECENT, AND WORKING IN REVERSE CHRONOLOGICAL ORDER

EMPLOYER	SUMMARY OF DUTIES
NUMBER AND STREET	
CITY AND STATE ZIP CODE	
TITLE OR POSITION	
SUPERVISOR PHONE	
FROM TO SALARY	
REASON FOR LEAVING	
EMPLOYER	SUMMARY OF DUTIES
NUMBER AND STREET	
CITY AND STATE ZIP CODE	
TITLE OR POSITION	
SUPERVISOR PHONE	
FROM TO SALARY	
REASON FOR LEAVING	
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REASON FOR LEAVING	
EMPLOYER	SUMMARY OF DUTIES
NUMBER AND STREET	
CITY AND STATE ZIP CODE	
TITLE OR POSITION	
SUPERVISOR PHONE	
FROM TO SALARY	
REASON FOR LEAVING	

REFERENCE AUTHORIZATION

I authorize **The Centers**, or its agents to make inquiry of my employment history. Further, I authorize persons, schools, my current and previous employer(s) to provide information as may be requested by **The Centers** for the purpose of making an employment decision.

SIGNATURE OF APPLICANT _____

DATE: _____

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that intentionally false statements could lead to my dismissal as an employee or rejection as an applicant. I understand that my completion and submission of this application authorizes First Access, LLC and all participating member organizations to share information about my application, work history, disciplinary actions, performance appraisal, and termination of employment while working for any or all of the participating member organizations.

I understand that a physical examination and drug test will be required prior to employment and that a job offer is conditioned on the results of the tests. I understand I may be asked to submit to periodic drug screens in the future. I understand that my employment **The Centers** and/or any member organizations is further conditioned on the results of the tests. I further voluntarily agree to such tests.

I understand that any employment relationship with **The Centers** and/or any member organizations is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of **The Centers** and/or employing member organization

I understand that conviction of a crime may disqualify me from employment, that disqualification depends upon the relationship of the crime to the position for which I am applying, and this application is my consent for **The Centers** and/or the employing member organization to request a criminal record and child/adult or client abuse/neglect check following a job offer.

SIGNATURE OF APPLICANT _____

DATE _____

On the back of this section, please state any additional information you feel may be helpful to us in considering you application.

THIS SECTION IS DESIGNATED TO COLLECT INFORMATION WHICH WILL BE USED IN THE COMPLETION OF VARIOUS STATE AND FEDERAL REPORTS AND WILL NOT BE USED IN THE SELECTION PROCESS OR REMAIN PART OF YOUR APPLICATION THIS APPLICATION SHOULD BE RETURNED ONLY TO THE HUMAN RESOURCES OFFICE.

Name

Date

CHECK ONE:

MALE FEMALE

PLEASE CHECK ONE OF THE FOLLOWING: (ETHNIC ORIGIN)

WHITE

HISPANIC

AMERICAN INDIAN/ALASKAN NATIVE

AFRICAN AMERICAN

ASIAN/PACIFIC ISLANDER

OTHER

PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VIETNAM ERA VETERAN DISABLED VETERAN

PHYSICALLY CHALLENGED INDIVIDUAL

BIRTH DATE

SOCIAL SECURITY NUMBER

Please state any additional information you feel may be helpful to us in considering your application:
