

# APPLICATION FOR EMPLOYMENT

Human Resources



5800 W. 10<sup>th</sup> 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
<b>High School</b>				
<b>College</b>				
<b>Postgraduate</b>				
<b>Other</b>				

**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	<b>SUMMARY OF DUTIES</b>	
NUMBER AND STREET		
CITY AND STATE	ZIP CODE	
TITLE OR POSITION		
SUPERVISOR	PHONE	
FROM	TO	SALARY
REASON FOR LEAVING		

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

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

EMPLOYER	<b>SUMMARY OF DUTIES</b>	
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 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:

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