

P.O. Box 208 Centerton, AR 72719 Phone (479)795-2750 FAX (479)795-2545

**APPLICATION FOR EMPLOYMENT - AN EQUAL OPPORTUNITY EMPLOYER**

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for

Today’s Date

Are you seeking: Full-time Part-time Temporary employment? When could you start work?

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Yes No

(If you are hired, you may be required to submit proof of age.)

Social Security #

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever applied here before? | Yes | No | If yes, when? |
| Were you ever employed here? | Yes | No | If yes, when? |

Have you ever been convicted of any law violation? Include any

plea of “guilty” or “no contest.” Exclude minor traffic violations.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Yes No

If yes, give details

(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business

or employment outside of our job?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Yes No

If yes, give details For Driving Jobs Only: Do you have a valid driver’s license? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Yes No

Driver’s License Number

Class of License

State Licensed In

Have you had your driver’s license suspended or revoked in the last 3 years? . . . . . . . . . . . . . . . Yes No

If yes, give details: List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal

race, color, religion, national origin, sex, age, disability or other protected status.)

**LIST NAME AND ADDRESS OF SCHOOLS**

Number of Years Completed

Diploma/ Degree/ Certificate

High School

College

Vocational

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

**We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors**.

|  |  |  |  |
| --- | --- | --- | --- |
| List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. if self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.** | | | |
| NAME OF EMPLOYER | | JOB TITLE AND DUTIES | |
| ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM | TO |
| CITY, STATE, ZIP CODE | | PAY: START $ FINAL $ | |
| SUPERVISOR(S) | TELEPHONE | Reason For Leaving | |
| NAME OF EMPLOYER | | JOB TITLE AND DUTIES | |
| ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM | TO |
| CITY, STATE, ZIP CODE | | PAY: START $ FINAL $ | |
| SUPERVISOR(S) | TELEPHONE | REASON FOR LEAVING | |
| NAME OF EMPLOYER | | JOB TITLE AND DUTIES | |
| ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM | TO |
| CITY, STATE, ZIP CODE | | PAY: START $ FINAL $ | |
| SUPERVISOR(S) | TELEPHONE | REASON FOR LEAVING | |
| NAME OF EMPLOYER | | JOB TITLE AND DUTIES | |
| ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM | TO |
| CITY, STATE, ZIP CODE | | PAY: START $ FINAL $ | |
| SUPERVISOR(S) | TELEPHONE | REASON FOR LEAVING | |

Have you worked or attended school under any other names? . . . . . . . . . . . . . . . . . . . . . . . . . Yes No

If yes, give names: Are you presently employed? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Yes No

If yes, whom do you suggest we contact?

Have you ever been fired from a job or asked to resign? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Yes No

If yes, please explain: Give three references, not relatives or former employers.

**Name Address Phone**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.**

I have read, understand, and by my signature consent to these statements.

Signature:

Date:

This application for employment will remain active for a limited time. Ask the organization’s representative for details.