



7200 Counts Massie Road  
 North Little Rock, AR 72113-6648  
 1-501-???-????

## APPLICATION FOR EMPLOYMENT

PAGE 1 OF 3

-An Equal Opportunity Employer-

PLEASE FILL IN ALL SPACES. PLEASE TYPE OR PRINT CLEARLY IN INK.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security# \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Are you 18 years or older? Yes  No

Are you legally eligible for employment in this country? Yes  No  (If hired, proof of status will be required.)

Have you ever been convicted of a crime by a civilian or military court (other than a minor traffic violation)?

Yes  No  If so, give details: \_\_\_\_\_

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

### EMPLOYMENT DESIRED

Department: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Wage/Salary Desired: \_\_\_\_\_

Type of employment desired: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Availability: Total Hours Available Per Week: \_\_\_\_\_

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM: _____	FROM: _____	FROM: _____	FROM: _____	FROM: _____	FROM: _____	FROM: _____
TO: _____	TO: _____	TO: _____	TO: _____	TO: _____	TO: _____	TO: _____

Are you currently employed? Yes  No

If so, may we contact your present employer? Yes  No

How were you referred for employment? \_\_\_\_\_

### EDUCATION

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEAR COMPLETED	GRADUATED	DEGREE
HIGH SCHOOL _____ _____		1 2 3 4	Yes _____ No _____	
COLLEGE _____ _____		1 2 3 4	Yes _____ No _____	
OTHER _____ _____		1 2 3 4	Yes _____ No _____	

**GENERAL INFORMATION**

List any additional work experience, skills, licenses, certifications, special study or research work:

\_\_\_\_\_  
\_\_\_\_\_

Activities: (Civic, Athletic, etc.) \_\_\_\_\_  
(EXCLUDE ORGANIZATION, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARTIAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS)

Military/ Navy Services \_\_\_\_\_ Present Membership in National Guard/ Reserves? Yes  No

Do you have an automobile? Yes  No

If so, year/model \_\_\_\_\_ Do you have auto insurance? Yes  No

If so, what company \_\_\_\_\_  
• THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1987 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 OF YEARS AGE.

**EMPLOYMENT HISTORY - (List below last three employers, starting with most recent)**

Employer/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Titles & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay Starting: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Titles & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay Starting: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Titles & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Date Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay Starting: \$ \_\_\_\_\_ Per: \_\_\_\_\_ Ending: \$ \_\_\_\_\_ Per: \_\_\_\_\_

**REFERENCES - (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR A LEAST ONE YEAR)**

NAME ADDRESS BUSINESS PHONE

NAME ADDRESS BUSINESS PHONE

NAME ADDRESS BUSINESS PHONE

In case of emergency notify \_\_\_\_\_  
NAME ADDRESS PHONE

• ALL APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN OR DISABILITY.

**IMPORTANT READ CAREFULLY**

"I certify" that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you. Investigation may include credit and background checks.

I understand and accept that as part of the application and employment process, and/or during employment with the company, I may be asked to submit to physical examinations which may include testing for alcohol and drugs, and/or be fingerprinted, all in accordance with law. By signing this application, I hereby agree to submit to such examinations and release all persons and companies from any liability arising out of such examinations, tests and fingerprints. I further agree that the examining person may disclose to the Company or its representative the results of same.

If employed, I agree to conform to all policies, practices and procedures of the Company and acknowledge that these may be changed, interpreted, withdrawn, or amended by the company at any time, at the Company's sole option and without any prior notice to me.

I understand and agree that my employment, or any offer of employment, if such is made, may be terminated, with or without cause, and with or without prior notice, at any time, even after acceptance, at the option of the Company or myself. I understand that no representative of the Company has any authority to enter into any agreement with me of any nature and do hereby state that none has been so asserted to me by anyone.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

Hired: Yes  No  Position \_\_\_\_\_ Dept \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Date Reporting of Work \_\_\_\_\_

Approved 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPT. HEAD CEO