UNIVERSITY OF ARKANSAS AT PINE BLUFF

State of Arkansas
Employment Application

- Applications for employment with the State of Arkansas, or any subdivision thereof, are accepted without regard to sex, race or color, national origin, handicap/disability, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the State of Arkansas.

- Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

- Applications filed do not create a contract of employment with the State of Arkansas or any of its subdivisions. If any individual is hired, employment is not for any definite period of time. Individuals hired will also be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.

- Qualified applicants with disabilities, as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, may request any needed accommodations to participate in the application process.

EQUAL EMPLOYMENT DATA This section is designed to collect information which will be used in the completion of various state and federal reports and will not be used in the processing of, or remain part of, your application.. The completion of this section is voluntary.

Applicant's Name _____
Social Security Number _____
Date of Birth _____ ☐ Male ☐ Female

Check one of the four (4) listed which you consider yourself to be:

☐ White (Descendant of the original peoples of Europe, North Africa, or the Middle East)

☐ Black (Descendent of the black racial groups in Africa)

☐ American Indian or Alaskan Native (Descendant of any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition)

☐ Asian or Pacific Islander (Descendant of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands)

Do you consider yourself to be Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture origin, regardless of race)? ☐ Yes ☐ No

Military History

If you believe you may be eligible for veterans preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans preference. Under certain conditions spouses, widows, or widowers of qualified veterans may also be eligible for veterans preference. For consideration of veterans preference, proof such as a DD-214, current letter from the Veterans Administration, or other official documentation may be required. Specific questions regarding veterans preference should be addressed to individual state agency personnel offices.

Have you served on active duty in the Unites States military, excluding Active Duty for Training (AcDuTra) and Reserve Military Annual Training (AT)? ☐ Yes ☐ No

Branch of service _____
Date of entry _____
Date of discharge _____
Type of discharge _____

How did you learn of this job opening?

☐ Newspaper
☐ Employment Security Department
☐ Agency announcement
☐ Educational Institution. Name of Institution: _____
☐ Other Explain: _____

APPLICATION FOR EMPLOYMENT

Please answer all questions which apply to you. If they do not apply, mark then N/A. Please print, type or write legibly.

Last Name	First Name		Middle Name	
Complete Mailing Address	City	State	Zip	County
Home Phone Number	Work Phone Number	Message or Other Phone Number		

Position(s) for which you are applying (give title(s) and position number(s), if known):

1. _____
2. _____
3. _____
4. _____

EMPLOYMENT STATUS SECTION

Will you accept employment anywhere in the State? ☐ Yes ☐ No
If no, where would you accept employment? _____

Will you accept any type of employment? ☐ Yes ☐ No
If no, check which type(s) of employment you will accept. ☐ Full Employment ☐ Part Time ☐ Temporary

Have you ever filed an application for employment with this agency? ☐ Yes ☐ No
If yes, what was your name at that time? _____

Have you ever been employed by Arkansas State Government? ☐ Yes ☐ No

List professional license(s) relevant to position(S) for which you are applying. Give type of license, license number, date of expiration, and state. _____

May we contact your current employer? ☐ Yes ☐ No
May we contact your former employer(s)? ☐ Yes ☐ No

EDUCATIONAL HISTORY

HIGH SCHOOL	Received: ☐ Diploma ☐ G.E.D.	Certificate Type Awarded: _____	If None, Highest Grade Completed: _____

■ List below post secondary schools, colleges, universities, trade/vocational, or others attended:

Name and Location	From Mo. Yr.	To Mo. Yr.	Major/Minor	Hours Completed (See note below)	Degree/ Diploma Awarded	Date Graduated

Note: *For hours completed indicate whether semester hours, quarter hours, clock hours, etc.*

WORK HISTORY

List all prior work experience, including military service, beginning with your most recent employment. (Include all work experience even if you do not believe that experience to be related to the position for which you are applying.)
You may include volunteer or unpaid work as part of your history; however, you should include the number of hours per week which you performed these duties. If you do not have enough space to list all your work experience, use a separate sheet for continuation. If you wish to include a resume instead of completing the work history section, make sure all the requested information is included.

1. Current or most recent employer		Business phone number		Employment dates From Month Year To Month Year
Complete mailing address	City	State	Zip Code	
Type of business				
Supervisor's name				Average hours worked Per week
Name under which employed:		Your job title:		
				Salary Lowest Highest
Your job duties (be specific)				
Reason for leaving				
2. Employer		Business phone number		Employment dates From Month Year To Month Year
Complete mailing address	City	State	Zip Code	
Type of business				
Supervisor's name				Average hours worked Per week
Name under which employed:		Your job title:		
				Salary Lowest Highest
Your job duties (be specific)				
Reason for leaving				
3. Employer		Business phone number		Employment dates From Month Year To Month Year
Complete mailing address	City	State	Zip Code	
Type of business				
Supervisor's name				Average hours worked Per week
Name under which employed:		Your job title:		
				Salary Lowest Highest
Your job duties (be specific)				
Reason for leaving				

4. Employer		Business phone number		Employment dates From Month Year To Month Year Average hours worked Per week
Complete mailing address	City	State	Zip Code	
Type of business				
Supervisor's name				
Name under which employed:		Your job title:		
				Salary Lowest Highest
Your job duties (be specific)				
Reason for leaving				

5. Employer		Business phone number		Employment dates From Month Year To Month Year Average hours worked Per week
Complete mailing address	City	State	Zip Code	
Type of business				
Supervisor's name				
Name under which employed:		Your job title:		
				Salary Lowest Highest
Your job duties (be specific)				
Reason for leaving				

6. Employer		Business phone number		Employment dates From Month Year To Month Year Average hours worked Per week
Complete mailing address	City	State	Zip Code	
Type of business				
Supervisor's name				
Name under which employed:		Your job title:		
				Salary Lowest Highest
Your job duties (be specific)				
Reason for leaving				

SPECIAL SKILLS

Typing Speed (corrected words per minute):
Stenographic Speed (words per minute):
Can you transcribe machine dictation? ☐ Yes ☐ No
List the business machines,c omputer's and word processors you can operate:
List any other skills relative to the job(s) for which you are applying

REFERENCES

■ Please list three (3) persons not related to you, who have knowledge of your work qualifications, are not previous or current employer(s), and can serve as a reference for you.

Name	Address	Telephone
1.		
2.		
3.		

NEPOTISM

■ Do you have any relatives employed by the state agency to which you are submitting this application for employment? ☐ Yes ☐ No If yes, complete the remainder of this section.
(This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism.)

Name	Relation	Agency employed by

■ **Before you sign this application**

Check over your answers to make sure that all questions have been completed properly. If the job you are applying for requires a college degree or certification, a copy of your transcript, certificate, or license may be required as a condition of employment.

I, the below signed individual, hereby declare that, to the best of my knowledge and my ability, the information on this application is true and factual.

I understand that if I am hired, that my employment is not for any definite period of time, and I may be terminated at any time.

I understand that if I state that I have a college degree, and do not have one, that my application will be rejected or, if hired, I will be terminated in accordance with Arkansas Code 21-12-102.

I understand that my application may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

I understand that certain jobs may require an acceptable driver's safety record, and that if my current of future driver's record is unacceptable under the State Driver's Risk Program, my application may be rejected and, if hired, I may be subject to termination.

I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition of any employment.

I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee or rejection as an applicant.

I also understand that some jobs require special background checks, security clearance, or compliance with other specific agency hiring policies prior to my employment, or as a condition of employment; and that failure to meet these requirements may lead to my rejection as an applicant for, or termination from, that job.

I affirm that it is my genuine intent to seek, and if offered, employment in Arkansas State Government, and this application is submitted soley for that purpose and for no other purposes.

Signature of applicant *Date of Signature*

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