



**UNIVERSITY OF ARKANSAS AT PINE BLUFF**  
**Employment Application**

**APPLICANT INFORMATION**

Last Name		First Name		Middle Name	
Mailing Address			City	State	Zip
County		Phone Number		Message Number	Work Number
Email Address					

**List position title(s) and numbers(s)**

- Job Title: \_\_\_\_\_ Job #: \_\_\_\_\_
- Job Title: \_\_\_\_\_ Job #: \_\_\_\_\_
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**EMPLOYMENT STATUS**

Will you accept employment anywhere in the United States?  Yes  No

Check which employment type you will accept:  Full Time  
 Part-time  Temporary

Have you ever filed an application for employment with this agency?  Yes  No

If yes, what was your name at the time? \_\_\_\_\_

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

If yes, list the name of the organization \_\_\_\_\_

May we contact your current employer?  Yes  No

May we contact your former employer?  Yes  No

**EDUCATIONAL HISTORY**

High School:  Diploma  GED If none, what is the highest grade completed? \_\_\_\_\_

College and Address	Major/Minor	Hours completed*	Degree/Diploma Awarded	Date Graduated

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

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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

**WORK HISTORY**

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

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<b>4. Employer</b>		Business phone number		Employment dates: From: _____
Complete mailing address	City	State	Zip Code	Month/Day/Year
Type of business				To: _____
Supervisor's name				Month/Day/Year
Name under which employed:		Your job title:		Average hours worked per week _____
Your job duties (be specific)				Salary:
				_____
				Lowest                  Highest
Reason for leaving				
<b>5. Employer</b>		Business phone number		Employment dates: From: _____
Complete mailing address	City	State	Zip Code	Month/Day/Year
Type of business				To: _____
Supervisor's name				Month/Day/Year
Name under which employed:		Your job title:		Average hours worked per week _____
Your job duties (be specific)				Salary:
				_____
				Lowest                  Highest
Reason for leaving				
<b>6. Employer</b>		Business phone number		Employment dates: From: _____
Complete mailing address	City	State	Zip Code	Month/Day/Year
Type of business				To: _____
Supervisor's name				Month/Day/Year
Name under which employed:		Your job title:		Average hours worked per week _____
Your job duties (be specific)				Salary:
				_____
				Lowest                  Highest
Reason for leaving				

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**SPECIAL SKILLS**

Typing speed (wpm): \_\_\_\_\_ Can you use a transcription machine? \_\_\_\_\_ Yes \_\_\_\_\_ No

List the business machines, computers, and word processing software you can operate: \_\_\_\_\_

\_\_\_\_\_

List any other skills relative to the job(s) for which you are applying: \_\_\_\_\_

List professional license(s) relevant to position(s) for which you are applying; give type, number, and expiration date.

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ No \_\_\_\_\_ Yes

**REFERENCES**

List three (3) person not relate 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	Phone #	E-mail

**NEPOTISM**

Do you have a relative(s) employed by the state agency to which you are submitting this application for employment?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, complete the remainder of this section:

Name	Relation	Agency employed by

**MILITARY**

If you believe you may be eligible for veteran’s preference consideration in accordance with the Arkansas Veterans preference Act complete this section and be prepare to provide the proof of eligibility. 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, or other official documentation may be required.

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

Branch of service: \_\_\_\_\_

Date of entry: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Date of discharge: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## UNIVERSITY OF ARKANSAS AT PINE BLUFF Employment Application

**Check over your answers to make sure all questions have been properly completed.**

Have you been employed by any school or entity that is a part of the University of Arkansas System? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, Please state reason for leaving? \_\_\_\_\_

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 the information on this application is complete, true and accurate.

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 or 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Signature

**HR use only:**

Application forwarded to:	Date	Position #	Processed by:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**UNIVERSITY OF ARKANSAS AT PINE BLUFF  
EQUAL EMPLOYMENT DATA**

This information is requested in order to comply with certain state and federal recordkeeping and reporting requirements. Completion of this form is voluntary and will not be used against you in any way.

Applicant's Name: \_\_\_\_\_

**Please indicate the position number of the job for which you are applying.**

Title: _____	Job#: _____
Title: _____	Job#: _____
Title: _____	Job#: _____
Title: _____	Job #: _____

**Gender Identity:** \_\_\_\_\_ Male      \_\_\_\_\_ Female      \_\_\_\_\_ Choose not to disclose

**Hispanic or Latino:**    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**What is your race?** (select all that apply)

- \_\_\_\_\_ American Indian or Alaska Native (North, South America, & Central America/tribal affiliation or community attachment), not Hispanic or Latino.
- \_\_\_\_\_ Asian (Far East, Southeast Asia, or the Indian Subcontinent), not Hispanic or Latino
- \_\_\_\_\_ Black or African American (black racial groups of Africa), not Hispanic or Latino
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, or other Pacific Islands), not Hispanic or Latino
- \_\_\_\_\_ White (Europe, the Middle East, or North Africa), not Hispanic or Latino
- \_\_\_\_\_ Two or More Races, not Hispanic or Latino

**Military History (check all that apply)**

- Veteran Status \_\_\_\_\_ Vietnam Era Veteran  
                                  \_\_\_\_\_ Special Disabled Veteran  
                                  \_\_\_\_\_ Disabled Veteran  
                                  \_\_\_\_\_ Recently Separated w/in 3yrs  
                                  \_\_\_\_\_ Other Protected Veteran – Wartime or Campaign Badge Veteran  
                                  \_\_\_\_\_ Armed Forces Service Medal Veteran

Discharge Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**How did you learn about this job?**

- \_\_\_\_\_ Workforce Services
- \_\_\_\_\_ Agency Announcement
- \_\_\_\_\_ Web site: \_\_\_\_\_
- \_\_\_\_\_ News Paper: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

**How is the information used?**

The University uses this information for annual reports to the U.S. Department of Education, to apply for certain grants, and to meet its Affirmative Action goals. The data you choose to provide will only be used in accordance with applicable laws, executive orders, and government regulations. As per the University's Nondiscrimination Policies, the university does not discriminate or permit harassment on the basis of race, color, alienage and citizenship, gender, or any other legally protected status.