

Southeast Arkansas College

Application for Employment

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 US 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.

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

Name (Last, First, MI): _____ SSN _____

Complete Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Home Ph. _____ Work Ph. _____ Msg/Other Ph. _____

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

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

Employment Status

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-Time 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 any professional license(s) relevant to position(s) for which you are applying. List type, 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 Diploma GED Certificate: Type Awarded: _____

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

Name & Location	From		To		Major/Minor	Hrs Completed	Degree/Diploma	Date Graduated
	Mo	Yr	Mo	Yr				

Equal Employment Data (Optional)

Date of Birth _____

Male Female

Do you consider yourself:

- White Black
 American Indian/Alaskan Native
 Asian or Pacific Islander
 Hispanic (Mexican, Puerto Rican, Cuban, etc)

Military History. If you believe you may be eligible for veteran's preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements, which must be met in order to be eligible for veteran's preference. Under certain conditions spouses, widows or widowers of preference, proof such as a DD-214, current letter from the Veterans Administration, or other official document 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 US military, excluding Active Duty, Training & Reserve Military Annual Training? Yes No

Branch _____

Date of Entry _____ Date of Discharge _____

Type of Discharge _____

Work History

List all prior work, 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 or positions for which you are applying. You may include volunteer and 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 No.		Employment Dates		
	Complete Mailing Address		City	State	ZIP Code		
	Type of Business				From	Month Year	
	Supervisor's Name				TO	Month Year	
	Name Under Which Employed		Job Title		Average Hours Worked		
	Your Job Duties (be specific)				Per week _____		
					Salary \$ _____ \$ _____ Lowest Highest		
Reason for Leaving							
2.	Current or most recent employer		Business Phone No.		Employment Dates		
	Complete Mailing Address		City	State	ZIP Code		
	Type of Business				From	Month Year	
	Supervisor's Name				TO	Month Year	
	Name Under Which Employed		Job Title		Average Hours Worked		
	Your Job Duties (be specific)				Per week _____		
					Salary \$ _____ \$ _____ Lowest Highest		
Reason for Leaving							
3.	Current or most recent employer		Business Phone No.		Employment Dates		
	Complete Mailing Address		City	State	ZIP Code		
	Type of Business				From	Month Year	
	Supervisor's Name				TO	Month Year	
	Name Under Which Employed		Job Title		Average Hours Worked		
	Your Job Duties (be specific)				Per week _____		
					Salary \$ _____ \$ _____ Lowest Highest		
Reason for Leaving							
4.	Current or most recent employer		Business Phone No.		Employment Dates		
	Complete Mailing Address		City	State	ZIP Code		
	Type of Business				From	Month Year	
	Supervisor's Name				TO	Month Year	
	Name Under Which Employed		Job Title		Average Hours Worked		
	Your Job Duties (be specific)				Per week _____		
					Salary \$ _____ \$ _____ Lowest Highest		
Reason for Leaving							

Special Skills

Typing Speed: _____ wpm Stenographic Speed: _____ wpm Can you Transcribe Machine Dictation? Yes No

List the business machines, computers 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 purposes of ensuring compliance with any applicable law or policy concerning nepotism.)

	Name	Relation	Agency Employed By
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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 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 US pursuant to the Immigration Reform and Control Act of 1986 as a condition of my 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 solely for that purpose and for no other purposes.

Signature of Applicant

Date