



1537 University Boulevard, Morrilton, Arkansas 72110
1-800-264-1094 | (501) 977-2000 | fax: (501) 977-2134 | www.uaccm.edu

PREVIOUS EMPLOYMENT WITH THE U of A SYSTEM

PRINT NAME: _____

I have been previously employed at another institution within the University of Arkansas System.

YES NO

If YES please complete the information below: **PLEASE PRINT**

Start with most recent. If additional space is needed print and attach another form.

Name of Institution: _____	
Last date of employment: _____	
Reason for leaving: _____	
Are you eligible for rehire with the above institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Institution: _____	
Last date of employment: _____	
Reason for leaving: _____	
Are you eligible for rehire with the above institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I, the below signed individual, hereby declare that the information on this form is complete, true, and accurate. I understand that false, misleading, or incomplete statements could lead to my rejection as an applicant for, or termination from, the job in which I am applying.

SIGNATURE OF APPLICANT

DATE



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Please check over the answers given on your application 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 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.

Signature of Applicant

Date

HR2013