

# UACCM - APPLICATION FOR EMPLOYMENT

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

LAST NAME		FIRST NAME			MIDDLE NAME	
COMPLETE MAILING ADDRESS		CITY		STATE	ZIP CODE	COUNTY
HOME PHONE NUMBER		WORK PHONE NUMBER			MESSAGE OR OTHER PHONE NUMBER	

Position(s) for which you are applying:

## EMPLOYMENT STATUS SECTION

Will you accept any type of employment?  Yes  No

If no, which type(s) of employment you will accept.  Full Time  Part Time  Temporary

Have you ever been employed by the State of Arkansas?  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. \_\_\_\_\_

## EDUCATION HISTORY

<b>HIGH SCHOOL</b>	Received:	If None, Highest Grade Completed _____
	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Certificate: Type Awarded: _____	

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

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

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

Name: Last First Middle

# 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 or positions 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.

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

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

## SPECIAL SKILLS

List computer applications in which you are proficient:

List the business/office machines 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 and can serve as a reference for you.

Name	Address	Telephone
1.		
2.		
3.		

## NEPOTISM

- Do you have any relatives employed by UACCM?  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	Job Title

## ■ 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 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 solely for that purpose and for no other purposes.

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

\_\_\_\_\_  
Date of signature

**STATE OF ARKANSAS**  
 Department of Finance and Administration

**ADDENDUM TO ARKANSAS EMPLOYMENT APPLICATION**

**EMPLOYEE DISCLOSURE AND CERTIFICATION FORM**

In Compliance with Governor's Executive Order 98-04,  
 Governor's Policy Directive No. 8, and  
 Arkansas Code Annotated § 21-8-304

I understand that to be eligible for employment with the State of Arkansas, I must be in compliance with Governor's Executive Order 98-04, Governor's Policy Directive No. 8 and Arkansas Code Annotated § 21-8-304. I therefore certify that:

1. I have listed below if I am a current or former member of the Arkansas General Assembly, current or former constitutional officer, or state employee.
2. I have listed below if my spouse or the brother, sister, parent, or child of me or my spouse is a member of the Arkansas General Assembly, constitutional officer, or state employee.
3. I understand that I cannot enter into any Professional Consulting Services Contracts with any state agency.

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, or State Employee:

Position Held	Mark (√)		Name of Position or Job Held [i.e., senator, representative, secretary of state, data entry clerk, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	(1)	(2)					
Constitutional Officer	(3)	(4)					
State Employee	(7)	(8)					

<sup>(9)</sup> None of the above applies

Name (*Please Print*)

Social Security Number

Signature

Date



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.*

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

<b>Name of Institution:</b> _____
<b>Last date of employment:</b> _____
<b>Reason for leaving:</b> _____
<b>Are you eligible for rehire with the above institution?</b> <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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Signature of Applicant

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Date

HR2013

## REFERENCE RELEASE FORM

I *please print name here:* \_\_\_\_\_ understand that the University of Arkansas Community College at Morrilton (UACCM) will check references, as part of the hiring process, to learn about my work history.

I understand that these references will be confidential. I also understand that I will not have access to them. I release UACCM and all providers of information from any liability as a result of furnishing and receiving this information.

**I give permission for the representative of UACCM to contact my current employer for a reference.**

Please circle - YES NO

**I give permission for the representative of UACCM to contact my past employers as shown on my job application and/or resume' as well as the persons I have listed as professional and/or personal references on my job application and/or resume' for reference information.**

Please circle - YES NO

Failure to authorize contact may exclude me from being considered for employment.

APPLICANT SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_



**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 (Descendant 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 United 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: \_\_\_\_\_