APPLICATION FOR EMPLOYMENT

1537 University Blvd.
Morrilton, AR 72110

uaccmhrdept@uaccm.edu
501-208-5309

Please answer all questions. If a question does not apply to you, mark it "N/A". Please print legibly or type and return form to the UACCM HR department via e-mail or U.S. Mail.

PERSONAL INFORMATION

1. Name: _____
(Last Name) (Legal First Name) (Middle Name)

2. Preferred First Name: _____ **3. Email Address:** _____

4. Mailing Address: _____
(Street address, P.O. box, rural route, apartment number, etc.)

_____
(City) (State) (Zip) (County of Residence)

5. Contact Phone No.: _____ **6. Alternate Phone No.:** _____

7. Position(s) Applying For: _____

_____

8. Employment Desired (Check all that apply)
☐ Full Time ☐ Part Time ☐ Temporary

9. Have you ever been employed by the State of Arkansas?
☐ Yes ☐ No

EDUCATION HISTORY

Please complete the section below and supply unofficial copies of relevant college transcripts and licenses.

10. Highest Level Completed?
☐ Diploma ☐ G.E.D.® ☐ Certificate: **Type Awarded:** _____ ☐ None: **Highest Grade Completed:** _____

11. Post-Secondary Schools, Colleges, Universities, Trade/Vocational, or Other Attended

a. Name: _____ **Location:** _____
(City, State)

Major/Minor: _____ **Degree/Diploma Awarded:** _____

From: _____ **To:** _____ **Hours Completed:*** _____ **Graduation Date:** _____
(Month/Year) (Month/Year)

b. Name: _____ **Location:** _____
(City, State)

Major/Minor: _____ **Degree/Diploma Awarded:** _____

From: _____ **To:** _____ **Hours Completed:*** _____ **Graduation Date:** _____
(Month/Year) (Month/Year)

c. Name: _____ **Location:** _____
(City, State)

Major/Minor: _____ **Degree/Diploma Awarded:** _____

From: _____ **To:** _____ **Hours Completed:*** _____ **Graduation Date:** _____
(Month/Year) (Month/Year)

d. Name: _____ **Location:** _____
(City, State)

Major/Minor: _____ **Degree/Diploma Awarded:** _____

From: _____ **To:** _____ **Hours Completed:*** _____ **Graduation Date:** _____
(Month/Year) (Month/Year)

*Indicate whether semester hours, quarter hours, clock hours, etc.

> > > >

SPECIAL SKILLS

12. Any Professional License(s) Relevant to Position(s) Applying For:

(License) (License Type) (License Number) (Expiration Date) (State)

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13. Computer Applications In Which You Are Proficient:

14. Business/Office Machines You Can Operate:

15. Skills You Possess Relative to Position(s) Being Applied For:

WORK HISTORY

16. 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 requested information is included.

a. Employer Name: **Business Type:**

Supervisor's Full Name: **Business Phone No.:**

Mailing Address:
(Address) (City) (State) (Zip Code)

Name Under Which Employed: **Job Title:**

From: (Month/Year) **To:** (Month/Year) **Lowest Salary:** **Highest Salary:** **Hours Worked:** (Average per week)

Job Duties: (Be specific)

Reason For Leaving:

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b. **Employer Name:** ____________________ **Business Type:** ____________________

Supervisor's Full Name: ____________________ **Business Phone No.:** ____________________

Mailing Address: ____
(Address) (City) (State) (Zip Code)

Name Under Which Employed: ____________________ **Job Title:** ____________________

From: __________ **To:** __________ **Lowest Salary:** __________ **Highest Salary:** __________ **Hours Worked:** __________
(Month/Year) (Month/Year) (Average per week)

Job Duties: (Be specific) ____

____

Reason for Leaving: ____

c. **Employer Name:** ____________________ **Business Type:** ____________________

Supervisor's Full Name: ____________________ **Business Phone No.:** ____________________

Mailing Address: ____
(Address) (City) (State) (Zip Code)

Name Under Which Employed: ____________________ **Job Title:** ____________________

From: __________ **To:** __________ **Lowest Salary:** __________ **Highest Salary:** __________ **Hours Worked:** __________
(Month/Year) (Month/Year) (Average per week)

Job Duties: (Be specific) ____

____

Reason for Leaving: ____

d. **Employer Name:** ____________________ **Business Type:** ____________________

Supervisor's Full Name: ____________________ **Business Phone No.:** ____________________

Mailing Address: ____
(Address) (City) (State) (Zip Code)

Name Under Which Employed: ____________________ **Job Title:** ____________________

From: __________ **To:** __________ **Lowest Salary:** __________ **Highest Salary:** __________ **Hours Worked:** __________
(Month/Year) (Month/Year) (Average per week)

Job Duties: (Be specific) ____

____

Reason for Leaving: ____

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e. **Employer Name:** ____________________ **Business Type:** ____________________

Supervisor's Full Name: ____________________ **Business Phone No.:** ____________________

Mailing Address: ____________________
(Address) (City) (State) (Zip Code)

Name Under Which Employed: ____________________ **Job Title:** ____________________

From: __________ **To:** __________ **Lowest Salary:** __________ **Highest Salary:** __________ **Hours Worked:** __________
(Month/Year) (Month/Year) (Average per week)

Job Duties: (Be specific) ____________________

Reason for Leaving: ____________________

f. **Employer Name:** ____________________ **Business Type:** ____________________

Supervisor's Full Name: ____________________ **Business Phone No.:** ____________________

Mailing Address: ____________________
(Address) (City) (State) (Zip Code)

Name Under Which Employed: ____________________ **Job Title:** ____________________

From: __________ **To:** __________ **Lowest Salary:** __________ **Highest Salary:** __________ **Hours Worked:** __________
(Month/Year) (Month/Year) (Average per week)

Job Duties: (Be specific) ____________________

Reason for Leaving: ____________________

REFERENCES

17. **I give permission for a representative from UACCM to contact my current employer for a reference.**
☐ Yes ☐ No

18. **I give permission for the representative of UACCM to contact my past employers as shown on my job application and/or resumé as well as the persons I have listed as professional and/or personal references on my job application and/or resumé for reference information.**
☐ Yes ☐ No

19. **Three Persons, Not Related to You, Who Have Knowledge of Your Work Qualifications and Can Serve as a Reference for You:**

a. **Full Name:** ____________________ **Phone Number:** ____________________

Mailing Address: ____________________
(Address) (City) (State) (Zip Code)

b. **Full Name:** ____________________ **Phone Number:** ____________________

Mailing Address: ____________________
(Address) (City) (State) (Zip Code)

c. **Full Name:** ____________________ **Phone Number:** ____________________

Mailing Address: ____________________
(Address) (City) (State) (Zip Code)

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NEPOTISM

20. Do you have any relatives employed at UACCM?

☐ Yes ☐ No

21. If Yes, List The Relative(s) Who Work At UACCM:

(This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism.)

a. Full Name: ______________________ **Relationship:** ______________________

Job Title: ______________________

b. Full Name: ______________________ **Relationship:** ______________________

Job Title: ______________________

c. Full Name: ______________________ **Relationship:** ______________________

Job Title: ______________________

DISCLOSURE AND CERTIFICATION

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:

- 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.
- 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.
- I understand that, as a state employee, I cannot enter into any Professional Consulting Services Contracts with any state agency.

22. List below yourself, your spouse, or any brothers, sisters, parents, or children of yours or your spouse that are current or former member of the General Assembly, constitutional officer, or state employee.

a. Full Name: ______________________ **Relationship:** ______________________

Position Title or Job Held: ______________________ **From:** __________ (Month/Year) **To:** __________ (Month/Year)

State Agency: (if applicable) ______________________ **Position Held:** ☐ Currently ☐ Formerly

b. Full Name: ______________________ **Relationship:** ______________________

Position Title or Job Held: ______________________ **From:** __________ (Month/Year) **To:** __________ (Month/Year)

State Agency: (if applicable) ______________________ **Position Held:** ☐ Currently ☐ Formerly

c. Full Name: ______________________ **Relationship:** ______________________

Position Title or Job Held: ______________________ **From:** __________ (Month/Year) **To:** __________ (Month/Year)

State Agency: (if applicable) ______________________ **Position Held:** ☐ Currently ☐ Formerly

d. Full Name: ______________________ **Relationship:** ______________________

Position Title or Job Held: ______________________ **From:** __________ (Month/Year) **To:** __________ (Month/Year)

State Agency: (if applicable) ______________________ **Position Held:** ☐ Currently ☐ Formerly

e. ☐ **None of the above applies**

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PREVIOUS UNIVERSITY OF ARKANSAS EMPLOYEE

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

☐ Yes ☐ No

24. If yes, Indicate institution(s) below beginning with the most recent.

a. Institution Name: _____ **Last Date of Employment:** _____
(Month/Date/Year)

Reason For Leaving: _____

_____

Are you eligible for rehire with the above institution: ☐ Yes ☐ No

b. Institution Name: _____ **Last Date of Employment:** _____
(Month/Date/Year)

Reason For Leaving: _____

_____

Are you eligible for rehire with the above institution: ☐ Yes ☐ No

BEFORE YOU SIGN

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 certificate, 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, 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 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 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 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 the references provided 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 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.

25. Signature: _____ **Date:** _____
(If completing electronically through e-mail, typing your name will serve as an electronic signature)

All positions are subject to a pre-employment background check and drug screens. A criminal conviction or arrest pending adjudication alone shall not disqualify an applicant in the absence of a relationship to the requirements of the position. Background check information will be used in a confidential, non-discriminatory manner consistent with state and federal law.

The University of Arkansas Community College at Morrilton, in making decisions regarding employment, student admissions, and other functions and operations, adheres to a policy of non-discrimination and complies with federal regulations and requirements as set forth in Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and PL 101-336 (Americans with Disabilities Act).