



Arkansas  
Center for  
Independence  
Employment Application  
8149 Curtner Drive, P.O. Box 785  
Newport, AR 72112  
870-523-8488 fax 870-523-3646  
jclc@suddenlinkmail.com

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, religion, creed, national origin, age, veteran status, marital status, citizenship, disability, or any other characteristics protected under the law.

**ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT**

Position(s) Applied For	Salary Desired	Date of Application

Last Name	First Name	Middle Name	Social Security Number		
Present Address	Number	Street	City	State	Zip
Telephone Number(s) – include area code					

Check "Yes" or "No":

Have you ever filed an application with us before?  yes  no  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  yes  no  
If yes, give date \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you currently employed?  yes  no

If yes, may we contact your present employer?  yes  no

Do you have the legal right to work in the United States?  yes  no  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work?  
Date \_\_\_\_\_

Are you available to work:  full time  part time  shift work

Are any relatives employed with us? If yes, list.  yes  no

Are you currently on "lay-off" status and subject to recall?  yes  no

Have you been convicted of a felony or misdemeanor? [ ] yes [ ] no  
*(Convictions will not necessarily disqualify an applicant for employment. Each one is considered in relation to the position applied for and the seriousness/nature of the crime. A criminal background check will be initiated prior to employment.)*

If yes, please explain:

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Have you served in the U.S. Military? [ ] yes [ ] no  
*If yes, which branch?*

Do you have any special military training that is job-related? [ ] yes [ ] no  
*If yes, describe*

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### EMPLOYMENT EXPERIENCE

Provide the following information concerning each of your employers, starting with your present or most recent position (you may include in your history any verified work performed as a volunteer).

**ALL QUESTIONS MUST BE COMPLETED**

Employer (Current or Most Recent)	Dates Employed		Description of Duties
	From	To	
Address			
Telephone Number(s)	Hourly rate/Salary		
	Starting	Final	
Job Title or Position			
Supervisor			
Reason for Leaving			

Employer (Next Previous)	Dates Employed		Description of Duties
	From	To	
Address			
Telephone Number(s)	Hourly rate/Salary		
	Starting	Final	
Job Title or Position			
Supervisor			
Reason for Leaving			

Employer (Next Previous)	Dates Employed		Description of Duties
	From	To	
Address			
Telephone Number(s)	Hourly rate/Salary		
	Starting	Final	
Job Title or Position			
Supervisor			
Reason for Leaving			

If additional space is needed, continue on a separate sheet of paper.

If there have been any gaps in your employment during the last five years, provide details in the space provided here:

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List professional, trade, business or civic activities and office held. Describe any specialized training, apprenticeship, skills and extracurricular activities (excluding those which, by their name or character, indicate the race, color, religion, sex, age, national origin, marital status, ancestry or handicap).

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Summarize special training skills (such as machines, typing, PC skills, etc.), which you feel may especially qualify you for working with our agency.

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## EDUCATION

Name and Address of School	Years Completed	Graduate (?)	Course of Study	Degree
High School				
Undergraduate College				
Graduate, Professional or Other				

Include copies of any credentials. Credentials must be kept current.

## ADDITIONAL INFORMATION

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List three people who are not related to you and who are not previous supervisors, who you have known for at least one year and who we may contact as additional references.

Reference Name	Relationship	Company	Address	Telephone
1.				
2.				
3.				

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job or occupation for which you have applied?       yes  no

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

## APPLICANT'S STATEMENT

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1. I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application or in any interview is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Arkansas Center for Independence (ACI). (Please note that all information is subject to verification.)

2. I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at-will" and without fixed term, and may be terminated at any time, with or without prior notice, at the option of either ACI or myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon ACI unless made in writing by the ACI Executive Director.

3. If I am offered employment, I agree to submit to a drug test before starting to work and to take a tuberculosis test, at ACI's expense. If employed, I also agree to submit to a drug test at any time deemed appropriate by ACI and as permitted by applicable law. I consent to such tests, and I request that the results of the tests be disclosed to ACI, which ACI will keep confidential. I understand that my employment or continued employment, to the extent permissible by applicable law, is contingent upon satisfactory TB and drug tests.

4. I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.

5. I understand that I must complete an Arkansas Adult Maltreatment and Child Maltreatment Central Registry. I further understand that these forms will be submitted to the appropriate agency to provide documentation that my name does not appear on the statewide Central Registry. I understand that in order to assure due diligence, background checks will/may be conducted to check for criminal history, worker's compensation claims, driving record and abuse/neglect history. Failure to meet these requirements may lead to my rejection as an applicant for employment with ACI.

6. I certify that I have read, or have had read to me, items 1, 2, 3, 4.5 and 6 above. I understand the contents and hereby acknowledge receipt of this information.

BEFORE SIGNING THIS APPLICATION, CHECK YOUR ANSWERS TO MAKE SURE THAT ALL QUESTIONS HAVE BEEN COMPLETED PROPERLY.

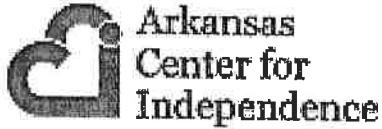
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Signature of Applicant

Date

*(Signature required in order to be considered for employment.)*

Arkansas Center for Independence conducts a thorough reference check on applicants prior to hiring. Review carefully the release form attached and complete only the section indicated, then sign in the space indicated for each employer to be contacted. If you have any questions or comments to make, do so prior to signing the release form.



**RELEASE AND WAIVER  
WRITTEN REQUEST FOR REFERENCE**

P.O. Box 785  
Newport, AR 72112  
870-523-8488  
870-523-3646 fax  
[ACI@suddenlinkmail.com](mailto:ACI@suddenlinkmail.com)

**Applicant Complete only the top section:**

Applicant Name: \_\_\_\_\_

Applicant SSN: \_\_\_\_\_

I authorize the above company/business to furnish Arkansas Center for Independence with whatever information they may need regarding my employment, including the reasons for leaving your employ. I am signing this Release and Waiver voluntarily, and to request that you respond to this reference inquiry with full and complete information. Since this reference is an important part of my application for employment with ACI, I therefore waive and release you from any and all claims or causes of action in law or equity, including but not limited to, defamation of character or invasion of privacy, which might arise from responding to this reference check.

\_\_\_\_\_  
Applicant signature \_\_\_\_\_  
Date

\_\_\_\_\_

Company/Business: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name Applicant worked under: \_\_\_\_\_

Position held: \_\_\_\_\_

Job Duties: \_\_\_\_\_

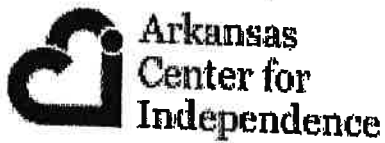
Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

Last wage rate or salary \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

\_\_\_\_\_

Eligible for Rehire?  Yes  No If no, why? \_\_\_\_\_



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\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company/Business:

\_\_\_\_\_  
Contact Name/Title:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Name Applicant worked under:

\_\_\_\_\_  
Position held:

\_\_\_\_\_  
Job Duties:

\_\_\_\_\_  
Dates of Employment from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Last wage rate or salary

\_\_\_\_\_  
Reason(s) for leaving

\_\_\_\_\_  
Eligible for Rehire?  Yes  No If no, why? \_\_\_\_\_