



Ozarka College

Application for Employment

Last Name _____ First Name _____ MI ____ Date _____

Address _____ City _____ State ____ Zip Code _____

Home Phone _____ Work Phone _____ Emergency Phone _____

Cell Phone _____ Email _____

List the position for which you are applying. _____

Nepotism

Arkansas Code 21-5-201 prohibits the hiring of relatives by public officials and prohibits a state agency employee from supervising a relative.

Do you have any relatives employed by Ozarka College? ____ Yes ____ No

If yes, name. Name _____ Relation _____
Name _____ Relation _____

Have you ever filed an application with this agency? ____ Yes ____ No

Have you ever been convicted of a crime? ____Yes ____No If yes, please specify _____

Are you required to register as a child or sex offender? ____ Yes ____No

Education History

	Name	Location	Degree	Year Graduated
High School				
Technical School				
College/University				
Graduate School				

Skills Certificates

Skills _____

Licenses or Certificates _____

Additional Remarks or Information _____

Work History

List all prior work experience, including military service, beginning with your most recent employment. You may include volunteer or unpaid work as part of your work 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 section, make sure all the requested information is included.

Current or most recent employer

Employer _____ Supervisor's Name _____

Job Title _____ Business Phone _____

Address _____ City _____ State ____ Zip Code _____

Salary: Lowest _____ Highest _____ Average hours per week _____

Employed from: _____ To: _____

Specific job duties: _____

Reason for leaving: _____

Work History (continued)

Former employer

Employer _____ Supervisor's Name _____

Job Title _____ Business Phone _____

Address _____ City _____ State ____ Zip Code _____

Salary: Lowest _____ Highest _____ Average hours per week _____

Employed from: _____ To: _____

Specific job duties: _____

Reason for leaving: _____

Former employer

Employer _____ Supervisor's Name _____

Job Title _____ Business Phone _____

Address _____ City _____ State ____ Zip Code _____

Salary: Lowest _____ Highest _____ Average hours per week _____

Employed from: _____ To: _____

Specific job duties: _____

Reason for leaving: _____

BEFORE SIGNING THIS APPLICATION PLEASE READ CAREFULLY THE TERMS BELOW

I certify that the information given is true and complete to the best of my knowledge. I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in termination.

Ozarka College is an "At Will" employer. I understand and acknowledge that this means, unless defined by applicable state law, the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby give consent to any and all of my prior employers listed or known to provide information regarding my employment with them to Ozarka College. As authorized by the Quality in Hiring Act of 1999, this information may include date and duration of employment, current pay rate and wage history, job description and duties performed, last written performance evaluation, attendance information, results of drug or alcohol test administered within one year prior to request, threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee, whether separation was voluntary or involuntary and reason for separation, and eligibility for rehire.

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 understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form.

Hiring is contingent upon board approval.

Signature of Applicant

Date

Professional References

Name _____ Organization _____ Position _____

Phone Number _____

Name _____ Organization _____ Position _____

Phone Number _____

Name _____ Organization _____ Position _____

Phone Number _____

Employment Status

Will you accept any type of employment? Yes No

If no, check which type(s) of employment you will accept.

Full Employment Part Time Temporary

Will you accept any time of employment? Yes No

If no, check which time(s) of employment you will accept.

Daytime Weekdays Evening Weekdays Weekends

May we contact your current employer? Yes No former employer? Yes No

Do you have the legal right to work in the United States? (Proof will be required.) Yes No

Disclosure Requirements

Governor's Executive Order 98-04, Governor's Policy Directive #8, and ACA Section 21-8-304 require that the following information be disclosed to be considered for employment with the State of Arkansas.

1. Are you one of the following:

- Current member of the AR General Assembly?
- Current Constitutional Officer?
- Current State Employee?
- Former member of the AR General Assembly?
- Former Constitutional Officer?
- Former State Employee?

If yes please specify: _____

2. Is your spouse, brother, sister, parent, and/or child of you or your spouse one of the following:

- Current member of the AR General Assembly?
- Current Constitutional Officer?
- Current State Employee?
- Former member of the AR General Assembly?
- Former Constitutional Officer?
- Former State Employee?

If yes please specify: _____

3. None of the above applies: _____

Some business relationships may prohibit an agency from hiring you. If any block is checked in #1 or #2 above, you will be required to disclose additional information if you are selected for an interview to determine whether your employment would be prohibited or would require approval.

I understand that, should I become an employee of the State of Arkansas, I will be required to disclose any benefit obtained from a state contract by a business in which I have a financial interest, pursuant to ACA Section 19-77-706, and will be subject to civil, criminal, and/or administrative remedies if I fail to report such benefits. I understand that, should I become an employee of the State of Arkansas, I will be restricted both during and after state employment from certain activities concerning procurement and selling to the state, pursuant to ACA Section 19-11-709, and will be subject to civil, criminal, and/or administrative remedies if I violate any of these restrictions.

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 _____

Equal Employment Opportunity Identification Group: Please check one

____ Caucasian (not of Hispanic origin)

____ African American (not of Hispanic origin)

____ Hispanic (Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish origin)

____ Asian/Pacific Islander

____ American Indian/Alaskan Native

____ Non-Resident Alien

Military History

If you believe you may be eligible for veteran's preference consideration, complete this section. The Arkansas Veteran's 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 qualified veterans may also be eligible for veteran's preference. For consideration of veteran's preference, proof such as DD-214, current letter from the Veterans Administration or other official documentation may be required. Specific questions regarding veteran's 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

If yes, please complete the following.

Branch of Service _____ Date of Entry _____

Date of Discharge _____ Type of Discharge _____