



JOB APPLICATION - PLEASE PRINT

Position(s) Applying For:

Date:

| | | |
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| HOW DID YOU LEARN ABOUT US? | | |
| <input type="checkbox"/> ADVERTISEMENT | <input type="checkbox"/> FRIEND OR RELATIVE | <input type="checkbox"/> EMPLOYMENT AGENCY |
| <input type="checkbox"/> WALK-IN | <input type="checkbox"/> OTHER | <input type="checkbox"/> INDEED.COM |

| | | |
|----------------------------|-------------|------------------|
| Last Name: | First Name: | Middle: |
| Address: (Number & Street) | | |
| City: | State: | Zip: |
| Email address: | | |
| Cell Phone: | | Alternate Phone: |

| | | |
|---|------------------------------|-----------------------------|
| Have you ever worked for Arkansas Family Supports, Inc? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you 18 years old or older? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have a high school diploma or GED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you currently work for the State of Arkansas? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, what department or agency? | | |
| Have you been an Arkansas resident for the past six (6) consecutive years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you on "Lay-off" status and subject to recall? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been convicted, pled guilty, or pled nolo contendere to any felony or misdemeanors? | | |
| If "Yes", please explain. _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Answering "YES" does not necessarily disqualify an applicant from employment | | |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

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|--|------------------------------------|-------------------------------------|-------------------------------------|--|
| What type of employment are you seeking? | | | | |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Shift Work | <input type="checkbox"/> Overnights | <input type="checkbox"/> Any |
| What days of the week are you available to work? | | | | |
| <input type="checkbox"/> MON | <input type="checkbox"/> TUES | <input type="checkbox"/> WED | <input type="checkbox"/> THURS | <input type="checkbox"/> FRI |
| | <input type="checkbox"/> SAT | <input type="checkbox"/> SUN | | |
| On what date will you be eligible to work? | | | | |
| OFFICE USE ONLY | | | | |
| WAS APPLICANT INTERVIEWED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | APPLICANT HIRED? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| REJECTION LETTER SENT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | DATE OF HIRE: | |
| SENT BY: | | | DATE SENT: | |

| | | | |
|-----------------------|----------------|--------------------|------------------|
| TYPE OF SCHOOL | NAME & ADDRESS | COURSE OF STUDY | DIPLOMA/DEGREE |
| HIGH SCHOOL | | | |
| UNDERGRAD COLLEGE | | | |
| GRADUATE PROFESSIONAL | | | |
| OTHER (SPECIFY) | | | |
| EMPLOYER | DATES EMPLOYED | | WORKED PERFORMED |
| | FROM | TO | |
| ADDRESS | | | |
| TELEPHONE | | RATE OF PAY | JOB TITLE |
| SUPERVISOR | | REASON FOR LEAVING | |

| | | | |
|------------|----------------|--------------------|------------------|
| EMPLOYER | DATES EMPLOYED | | WORKED PERFORMED |
| | FROM | TO | |
| ADDRESS | | | |
| TELEPHONE | | RATE OF PAY | JOB TITLE |
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| EMPLOYER | DATES EMPLOYED | | WORKED PERFORMED |
| | FROM | TO | |
| ADDRESS | | | |
| TELEPHONE | | RATE OF PAY | JOB TITLE |
| SUPERVISOR | | REASON FOR LEAVING | |

OTHER QUALIFICATIONS:

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

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REFERENCE CHECK AUTHORIZATION

I, _____ give Arkansas Family Supports, Inc. my permission to contact the personal references listed and any of the work references listed.

* Please list 2 work and 1 personal reference **that are not family members.**

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

May we contact your current employer? YES NO

Applicant Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ARKANSAS FAMILY SUPPORTS, INC. DOES NOT DISCRIMINATE IN HIRING, PROMOTIONS, DISCHARGE, COMPENSATION, BENEFIT OR ANY OTHER ASPECT OF EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, SEXUAL ORIENTATION, OR VETERAN STATUS.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand investigation of all statements contained in this application for employment may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is understood that a completed application or the granting of an interview does not create an employment contract between Arkansas Family Supports, Inc. and the employee for either employment or for the providing of any benefit. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We do not discriminate on the basis of any federal, state, or locally protected class. AFS, Inc. is a drug free workplace and will require a pre-employment drug screening of any employee or as a condition of their employment.

Applicant Signature

Date