

Southeast Arkansas Economic Development District

Employment Application



Please complete in full; mark N/A where non-applicable.
Resume's & Cover Letters are welcomed in addition to this application, but cannot be substituted for this form.

Date: _____ 20____

Position Applying for: _____

Name _____
Last First Middle

Former Name(s) Used: _____ Email Address: _____

Present Address _____
No. & Street City State Zip

Social Security No. _____ - _____ - _____ Telephone Number: _____

Do you certify that you are at least 18 years of age? (Circle one) Yes or No

Were you previously employed by SEAEDD or any program administered/operated by us?
(Circle one) Yes or No If yes, when: _____

If your application is considered favorably, on what date will you be available for work? _____

Are you currently employed? (Circle one) Yes or No
If yes, may we inquire of your present employer? (Circle one) Yes or No

List any specific experiences, skills, certifications, licenses, or qualifications which you feel would especially fit for your work with our organization?

EDUCATION

	Name & Location of School	List Years Attended	List Year Completed or Graduated	Field of Study/Degree(s) Received
High School				
College (undergraduate)				
Graduate School				
Other (specify)				

If more space is needed, please use the back of this sheet and indicate by checking the following box:

EMPLOYMENT EXPERIENCE

Company Name:		Supervisor or Contact Person:	
City: _____ State _____		Name, Telephone Number & Email Address:	
Job Title:		Description of Job Duties:	
Employment Dates:			
From (Mo/Yr) _____ To (Mo/Yr) _____		Description of Job Duties:	
Final Hourly/Salary Wage	Hours worked per		
<input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____	Week: _____	Reason for leaving this job:	
<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Lay-Off <input type="checkbox"/> Other:			
Please explain: _____			
Company Name:		Supervisor or Contact Person:	
City: _____ State _____		Name, Telephone Number & Email Address:	
Job Title:		Description of Job Duties:	
Employment Dates:			
From (Mo/Yr) _____ To (Mo/Yr) _____		Description of Job Duties:	
Final Hourly/Salary Wage	Hours worked per		
<input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____	Week: _____	Reason for leaving this job:	
<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Lay-Off <input type="checkbox"/> Other:			
Please explain: _____			
Company Name:		Supervisor or Contact Person:	
City: _____ State _____		Name, Telephone Number & Email Address:	
Job Title:		Description of Job Duties:	
Employment Dates:			
From (Mo/Yr) _____ To (Mo/Yr) _____		Description of Job Duties:	
Final Hourly/Salary Wage	Hours worked per		
<input type="checkbox"/> Hour <input type="checkbox"/> Year <input type="checkbox"/> Other _____	Week: _____	Reason for leaving this job:	
<input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Labor Dispute <input type="checkbox"/> Lay-Off <input type="checkbox"/> Other:			
Please explain: _____			

If more space is needed, please use the back of this sheet and indicate by checking the following box:

REFERENCES:

Provide names of three references EXCLUDING friends, relatives or SEAEDD employees.

Name	Contact Information Phone # & Email Address	Business	Relationship to You

(Circle one)

Are you a U.S. citizen, and/or eligible to work in the US? Yes No

Are you a member of active military duty? Yes No

Are you a veteran? Yes No

If yes, please list Branch, and dates of service: _____

Previous criminal history? Yes No

If yes, please explain: _____

Do you have reliable & insured transportation and willing to commute or travel for work-related purposes? Yes No

Do you require any special accommodations to fulfill job duties? Yes No

If yes, please explain: _____

Attestation:

I, the below signed individual, hereby declare that the information on this application is complete, true and accurate.

-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 must have reliable and insured transportation and a mobile phone as a condition of employment.

-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 understand that the information provided is subject to review and verification.

Signature of Applicant

Date