

EDUCATIONAL BACKGROUND

	Name and Address of School	Course of Study	Did You Graduate?	List Diplomas or Degrees
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Graduate or other training			<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? Yes _____ No _____

List specific training and duties: _____

PERSONAL REFERENCES

Please give three references other than former employers or relatives.

Name/Title	Address	Office Telephone No.

EMPLOYMENT HISTORY

(List in order, last or present employer first.)

Employer _____ Address _____ Phone _____

Dates of Employment: From _____ to _____ Full-time _____ Part-time _____ Temporary _____

Position title _____ Name & title of immediate supervisor _____

Reason for leaving _____ Salary _____

Describe duties in detail _____

EMPLOYMENT HISTORY (continued)

Employer _____ Address _____ Phone _____

Dates of Employment: From _____ to _____ Full-time____ Part-time ____ Temporary ____

Position title _____ Name & title of immediate supervisor _____

Reason for leaving _____ Salary _____

Describe duties in detail _____

Employer _____ Address _____ Phone _____

Dates of Employment: From _____ to _____ Full-time____ Part-time ____ Temporary ____

Position title _____ Name & title of immediate supervisor _____

Reason for leaving _____ Salary _____

Describe duties in detail _____

May we contact the above listed employers and/or individuals submitting letters of reference? ___Yes ___No
If no, list the employer(s) or individual(s) you do not wish us to contact at this time: _____

If you would like to provide us with additional evidence to help us evaluate your skills and qualifications, you may attach a resume or other documentation.

Have you ever been previously employed by another University of Arkansas System campus or institution? ___Yes ___No

If yes, what was your reason for leaving? _____

What was your last date of employment? _____ Are you eligible for rehire? ___Yes ___No

DO NOT WRITE IN THIS SPACE

This "Application for Employment" is prepared for general usage at PCCUA. In the opinion of our legal counsel, this form meets all Federal and State fair employment practice laws.

CERTIFICATION

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 certification, a copy of your transcript, certificate, or license may be required as a condition of employment.

- 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 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.

Signature of Applicant

Date

PCCUA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



TO THE APPLICANT:

Applicants are invited to answer the questions listed below. This information, provided by the applicant, is confidential and will be used ONLY for statistical compilation and report filing. This information, which will not be kept with your application, will not be part of the institution's employment decision regarding the applicant, and will not be seen by the search committee members.

Ethnic Background:

- ___ White/Caucasian
- ___ Black/African-American
- ___ Hispanic
- ___ Asian/Pacific Islander
- ___ American Indian/Alaskan Native
- ___ Other _____
- ___ Do Not Choose to Provide This Information

Disability: Yes ___ No ___

Gender: Male ___ Female ___

Vietnam Era Veteran: Yes ___ No ___

Age Range:

- ___ Under 30
- ___ 30 - 39
- ___ 40 - 49
- ___ 50-59
- ___ Over 59