

**CRAIGHEAD COUNTY**  
ESTABLISHED 1859  
**ARKANSAS**

**Application for Employment**

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_Yes \_\_\_No Are you at least 18 years or older? \_\_\_Yes \_\_\_No

Do you have a valid Driver's License? \_\_\_Yes \_\_\_ No Do you have a CDL? \_\_\_Yes \_\_\_ No

Have you ever been terminated from employment or asked to resign by an employer? \_\_\_Yes \_\_\_No

If yes, please provide company names and details:

\_\_\_\_\_

Can you work any shift? \_\_\_Yes \_\_\_No Can you work overtime, including weekends? \_\_\_Yes \_\_\_No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_Yes \_\_\_No

**EMPLOYMENT DESIRED**

Date you can start: \_\_\_\_\_ Position desired: \_\_\_\_\_

Desired Salary: \_\_\_\_\_ Are you currently employed? \_\_\_Yes \_\_\_ No

If no, why? \_\_\_\_\_

**REFERRAL SOURCE**

How did you hear about this position? \_\_\_\_\_

Have you ever worked for the County before? \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_

Do you know anyone who works for the County? \_\_\_Yes \_\_\_No If yes, who? \_\_\_\_\_

Are you related to anyone who works for the County? \_\_\_ Yes \_\_\_ No If yes, who?

\_\_\_\_\_

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EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

**EMPLOYMENT HISTORY:** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

<i>Employer Name:</i>		<i>Address:</i>	
<i>Job Title:</i>		<i>From:</i>	<i>To:</i>
<i>Supervisor:</i>			
<i>In the box below, please summarize the nature of the work performed and job responsibilities:</i>			
<i>Reason for leaving:</i>			
<i>May we contact this employer:</i>			

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<i>Employer Name:</i>		<i>Address:</i>
<i>Job Title:</i>		<i>From:</i> <span style="float: right;"><i>To:</i></span>
<i>Supervisor:</i>		
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<i>In the box below, please summarize the nature of the work performed and job responsibilities:</i>		
<i>Reason for leaving:</i>		
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Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain:

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Computer Skills (please describe):

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**REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name:	Phone and email:	Years Acquainted:

**Please read carefully before signing.**

Craighead County is an equal opportunity employer. Craighead County does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Craighead County to hire me. If I am hired, I understand that either Craighead County or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Craighead County has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Craighead County true and complete information on this application. No requested information has been concealed. I authorize Craighead County to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**

# **CRAIGHEAD COUNTY**

## **GENERAL APPLICATION**

Employment Application

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### **Authorization to Release Information**

I, \_\_\_\_\_, am an applicant with Craighead County. In order to process my application, certain information must be made available to Craighead County representatives. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); any other person, institution, or organization and all governmental agencies, law enforcement agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the HR Manager or to any representative thereof, the following information, including but not limited to any document, information, record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Pursuant to ARK. CODE ANN. SECTION 12-12-1009, I hereby authorize the Craighead County Human Resources representatives to obtain conviction information from any local, state, federal or foreign agency, registry or repository. I understand that conviction information shall only be used for the purpose of employment with the department and that conviction information may not be re-disseminated.

I, \_\_\_\_\_, being first duly sworn, deposes and says the following: I am the person who executed the above authorization. I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_