

THE DEVELOPMENTAL CENTER
 1221 Highway 49 * P. O. Box 3468
 Helena-West Helena, AR 72390
 Phone: 870-572-3417
 Fax: 870-572-2653
 E-Mail: pcdc@pcdchwh.org

APPLICATION FOR EMPLOYMENT

Start Date (if hired) _____

Agency Representative initials _____

PERSONAL

LAST NAME	FIRST	MIDDLE	DATE
ADDRESS			HOME PHONE
CITY, STATE, ZIP			BUSINESS/CELLPHONE
Have you ever applied for employment with us? YES <input type="checkbox"/> NO <input type="checkbox"/>			SOCIAL SECURITY #
If yes: Month & Year: _____			
POSITION APPLYING FOR: PLEASE CHECK THE APPROPRIATE BOX			DESIRED PAY RATE
<input type="checkbox"/> WAIVER <input type="checkbox"/> ADULT DEV. <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> INDEPENDENT CHOICES <input type="checkbox"/> ANY			
Apart from absence for religious observations, are you available for full-time work?			Are you available to work overtime as needed?
Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what hours can you work? _____			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION

School	Name and Location School	Course of Study	No. of Years Completed	Did You Graduate?	Degree/Diploma
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status. This agency is governed by State and Federal regulations. Employment start date will be based on results of criminal background and/or any other state and federal employment requirements.

EMPLOYMENT HISTORY

Please give accurate, complete, full-time and part-time employment record. Start with your present or recent employer. Please check the box beside the employer's phone number if you do not want us to contact that employer.

Company Name:	DO NOT CONTACT [<input type="checkbox"/>]	Telephone:
Address:	Dates of Employment:	
Name of Supervisor:	Salary:	
Job Description/Duties:	Reason for leaving:	
Company Name:	DO NOT CONTACT [<input type="checkbox"/>]	Telephone:
Address:	Dates of Employment:	
Name of Supervisor:	Salary:	
Job Description/Duties:	Reason for leaving:	
Company Name:	DO NOT CONTACT [<input type="checkbox"/>]	Telephone:
Address:	Dates of Employment:	
Name of Supervisor:	Salary:	
Job Description/Duties:	Reason for leaving:	
Company Name:	DO NOT CONTACT [<input type="checkbox"/>]	Telephone:
Address:	Dates of Employment:	
Name of Supervisor:	Salary:	
Job Description/Duties:	Reason for leaving:	

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PROFESSIONAL OR OTHER TRAINING

Please list any training or certification you have received that you would want us to consider in reviewing your application.

REFERENCES

NAME	ADDRESS	PHONE NUMBER

The following information you provide is voluntarily given and is optional and will be used for a legally permissible reason including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship, or physical or mental handicap or disability. The laws of most States also prohibit some or all of the above types of discrimination based upon ancestry or marital status.

APPLICANT'S DATE OF BIRTH:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Number of Dependents
Are you a U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
State the names of relatives and/or friends working for us:		
Do you have physical disabilities that preclude you from performing certain jobs? If "Yes" describe limitation:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

APPLICANT SIGNATURE

The information provided in this Application for Employment is true, correct, and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal. IF THE POSITION YOU ARE APPLYING FOR REQUIRES COLLEGE DEGREE OR CERTIFICATION, A COPY OF YOUR TRANSCRIPT, CERTIFICATE, AND/OR LICENSE MAY BE REQUIRED AS A CONDITION OF EMPLOYMENT.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue me in the future.

If DEVELOPMENTAL CENTER decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize them to do so. If a report is obtained, THE DEVELOPMENTAL CENTER must provide, at my request, the name of the agency so that I may obtain from them the nature and substance of the information contained in the report.

Applicant Signature

Date

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CONVICTIONS

Conviction (s) of a crime (other than minor traffic violations may disqualify from employment with this agency. Disqualification depends upon relationship of the crime to the position for which you are applying.

Have you ever been convicted of a crime? YES NO

If YES, please explain:

Do you have any criminal charges pending? YES NO

If YES, please explain:

I, the undersigned, hereby declare that, to the best of my knowledge and my ability, attest the information on this application is true and factual. I understand that intentional submitting false information could lead to dismissal as an employee or rejection as an applicant. I also understand that some jobs require special background checks and security clearance prior to my employment; and failure to meet the requirement may lead to my rejection as an applicant for the job.

Applicant Signature

Date

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FOR EMPLOYER'S USE ONLY

REFERNCE CHECKS

REFERENCE	PERSON CONTACTED	RESULTS
1		
2		
3		

DRUG/ALCOHOL TEST RESULTS

DATE TAKEN: _____

RESULTS: _____

INTERVIEW COMMENTS

DATE INTERVIEWED: _____

INTERVIEWED BY: _____ Title: _____

COMMENTS: _____

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