APPLICATION FOR EMPLOYMENT

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.*

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| **Personal / Contact details:** | | |
| **Date of Application** | / / |
| **Name (Last, First, Middle)** |  |
|  | Are you at least 18 years of age? 🞏 Yes 🞏 No |
| **Address (Street Address)**  **(City, State, Zip, County)** |  |
| **Phone 1 (Home)** |  |
| **Phone 2 (Cell Phone)** |  |
| **Email address** |  |
| **Preferred method of contact** | 🞏 Phone 🞏 Email 🞏 Both |
| **Have you ever applied for employment with Forrester-Davis?** | 🞏 Yes 🞏 No **If Yes:** Month and Year  Location: |
| **Have you ever been employed with Forrester-Davis?** | 🞏 Yes 🞏 No **If Yes:** Month and Year  Location: |
| **Position(s) for which you are applying:** | * Pay Expected: |
| **Apart from absence for religious observance, are you available for full-time work?** | 🞏 Yes 🞏 No   * Will you work overtime if asked?   + 🞏 Yes 🞏 No |
| **Are you legally eligible for employment in the United States?** | 🞏 Yes 🞏 No   * When will you be available to begin work?   + / / |
| **How did you learn about this job?** | 🞏 Advertisement 🞏 Friend 🞏 Walk-In 🞏 Relative  Other, please specify:   * Employment Agency: * Current Forrester-Davis Employee   + Name: |

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| **Indicate any foreign languages you can speak, read and/or write** | |
| **Language:** | * Speak: 🞏 Fluent 🞏 Good 🞏 Fair * Read: 🞏 Fluent 🞏 Good 🞏 Fair * Write: 🞏 Fluent 🞏 Good 🞏 Fair |
| **Language:** | * Speak: 🞏 Fluent 🞏 Good 🞏 Fair * Read: 🞏 Fluent 🞏 Good 🞏 Fair * Write: 🞏 Fluent 🞏 Good 🞏 Fair |

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| **Academic Information** | | | | | |
| **School** | **Name and Location of School** | **Course of study** | **No. of Years Completed** | **Did you Graduate?** | **Type of Degree or Diploma** |
| High School |  |  |  | 🞏 Yes 🞏 No |  |
| College |  |  |  | 🞏 Yes 🞏 No |  |
| Graduate |  |  |  | 🞏 Yes 🞏 No |  |
| Business/Trade  /Technical |  |  |  | 🞏 Yes 🞏 No |  |
| **Type of professional licenses held:**        State: | | | | | |

***Please give an accurate, complete full-time employment record of the last six (6) years. Start with your present or most recent employer.***

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| **Employment Record** | | |
|  | **Company Name:** | **Telephone:** |
|  | Address: | Employed – (month and year): **From: to:** |
| Name of Supervisor: | Hourly wages or Annual Salary: **Start: Last:** |
| Job Title and Describe your work: | Reason for Leaving: |
|  | **Company Name:** | **Telephone:** |
|  | Address: | Employed – (month and year): **From: to:** |
| Name of Supervisor: | Hourly wages or Annual Salary: **Start: Last:** |
| Job Title and Describe your work: | Reason for Leaving: |
|  | **Company Name:** | **Telephone:** |
|  | Address: | Employed – (month and year): **From: to:** |
| Name of Supervisor: | Hourly wages or Annual Salary: **Start: Last:** |
| Job Title and Describe your work: | Reason for Leaving: |
|  | **Company Name:** | **Telephone:** |
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| Name of Supervisor: | Hourly wages or Annual Salary: **Start: Last:** |
| Job Title and Describe your work: | Reason for Leaving: |

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| --- | --- | --- |
|  | **Company Name:** | **Telephone:** |
|  | Address: | Employed – (month and year): **From: to:** |
| Name of Supervisor: | Hourly wages or Annual Salary: **Start: Last:** |
| Job Title and Describe your work: | Reason for Leaving: |

***We may contact the employers listed above unless you indicate those you do not want us to contact. Please list and give reason(s) why we should not contact them.***

1. **Employer**        **Reason:**
2. **Employer**        **Reason:**

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| **References.** *Give the name, address and telephone number of three references you know in a professional capacity who are* ***not related to you and are not previous employers.*** |
|  | **Name:**        **Email:**  **Phone:**       **Address:**  **Relationship to you:** |
|  | **Name:**        **Email:**  **Phone:**       **Address:**  **Relationship to you:** |
|  | **Name:**        **Email:**  **Phone:**       **Address:**  **Relationship to you:** |

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| **Experience and qualifications.** | |
| List professional, trade, business or civic activities and offices held **(you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.)** | |
| **Summarize any additional skills and qualifications you have acquired (outside of past work experience) that you feel may be helpful to us in considering your application.** | |
| **Has a court ever denied parental, custodial or visitation rights as a result of child maltreatment?** | 🞏 Yes 🞏 No |
| **If YES, explain:** | |
| **Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record.** | |
| **Why do you want to work in our program?** | |
| **What do you feel best qualifies you for this job?** | |

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| **Have you ever been convicted of any of the following?** | | | |
| 🞏 Yes 🞏 No | **Capital Murder** | 🞏 Yes 🞏 No | **Rape** |
| 🞏 Yes 🞏 No | **Murder in the first and/or second degree** | 🞏 Yes 🞏 No | **Aggravated robbery** |
| 🞏 Yes 🞏 No | **Negligent homicide** | 🞏 Yes 🞏 No | **Incest** |
| 🞏 Yes 🞏 No | **False imprisonment in the first degree** | 🞏 Yes 🞏 No | **Permitting abuse of a minor** |
| 🞏 Yes 🞏 No | **Permanent detention or restraint** | 🞏 Yes 🞏 No | **Stalking** |
| 🞏 Yes 🞏 No | **Sexual indecency with a child** | 🞏 Yes 🞏 No | **Arson** |
| 🞏 Yes 🞏 No | **Domestic battery** | 🞏 Yes 🞏 No | **Breaking or entering** |
| 🞏 Yes 🞏 No | **Theft of property** | 🞏 Yes 🞏 No | **Forgery** |
| 🞏 Yes 🞏 No | **Theft by receiving** | 🞏 Yes 🞏 No | **Terroristic act** |
| 🞏 Yes 🞏 No | **Burglary** | 🞏 Yes 🞏 No | **Theft of services** |
| 🞏 Yes 🞏 No | **Computer child pornography** | 🞏 Yes 🞏 No | **Resisting arrest** |
| 🞏 Yes 🞏 No | **Coercion** | 🞏 Yes 🞏 No | **Cruelty to animals** |
| 🞏 Yes 🞏 No | **Voyeurism** | 🞏 Yes 🞏 No | **Indecent exposure** |
| 🞏 Yes 🞏 No | **Criminal impersonation** | 🞏 Yes 🞏 No | **Bestiality** |
| 🞏 Yes 🞏 No | **Financial identity fraud** | 🞏 Yes 🞏 No | **Public sexual indecency, Public display of obscenity.** |
| 🞏 Yes 🞏 No | **Criminal use of a prohibited weapon** | 🞏 Yes 🞏 No | **Introduction of controlled substance into body of another person** |
| 🞏 Yes 🞏 No | **Registered sex offender** | 🞏 Yes 🞏 No | **Terroristic threatening in the first and second degree** |
| 🞏 Yes 🞏 No | **Manslaughter** | 🞏 Yes 🞏 No | **Sexual assault in the first, second, third, and fourth degree** |
| 🞏 Yes 🞏 No | **Kidnapping** | 🞏 Yes 🞏 No | **Obtaining a controlled substance by fraud** |
| 🞏 Yes 🞏 No | **Robbery** | 🞏 Yes 🞏 No | **Violation of a minor in the first and second degree** |

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| 🞏 Yes 🞏 No | **Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, or pandering or possessing visual or print medium depicting sexually explicit conduct involving a child or employing or consenting to the use of a child in a sexual performance by producing, directing, or promoting a sexual performance by a child.** |
| 🞏 Yes 🞏 No | **Felony abuse of an endangered or impaired person** |
| 🞏 Yes 🞏 No | **Criminal attempt, criminal complicity, criminal solicitation or criminal conspiracy/and to commit any of the offenses listed in this section.** |
| 🞏 Yes 🞏 No | **Felony violation of the Uniform Controlled Substances Act** |
| 🞏 Yes 🞏 No | **Prostitution, patronizing a prostitute, or promotion of prostitution** |
| 🞏 Yes 🞏 No | **Endangering the welfare of incompetent person in the first and second degree** |
| 🞏 Yes 🞏 No | **Endangering the welfare of a minor in the first and second degree** |
| 🞏 Yes 🞏 No | **Computer exploitation of a child in the first and second degree** |
| 🞏 Yes 🞏 No | **Communicating death threat concerning a school employee or student** |
| 🞏 Yes 🞏 No | **Interference with visitation or interference with court-ordered custody** |
| 🞏 Yes 🞏 No | **Contributing to the delinquency of a minor or juvenile** |
| 🞏 Yes 🞏 No | **Soliciting money or property from incompetents** |
| 🞏 Yes 🞏 No | **Felony interference with a law enforcement officer** |
| 🞏 Yes 🞏 No | **Promoting obscene materials or promoting obscene performance** |
| 🞏 Yes 🞏 No | **Obscene performance at a live public show** |
| 🞏 Yes 🞏 No | **Simultaneous possession of drugs and firearms** |
| 🞏 Yes 🞏 No | **Unlawful discharge of a firearm from a vehicle** |
| 🞏 Yes 🞏 No | **Battery in the first, second and third degree** |
| 🞏 Yes 🞏 No | **Assault – Aggravated assault and assault in first and second degree** |

* **Have you ever been convicted of a crime (other than minor traffic violations)? Note: Conviction of a crime (other than minor traffic violations) may disqualify you from employment with Forrester-Davis. Disqualification depends upon the relationship of the crime to the position for which you are applying.**

🞏 Yes 🞏 No **If YES,** explain:

***Forrester-Davis Development Center is a DRUG-FREE WORKPLACE and may require drug screening of any employee or as a condition of their employment.***

I, the below signed individual, certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render this application void, or if employed, would be cause for termination. I authorize individuals or institutions named above to give information regarding my employment, character and qualification, hereby releasing them from all liability for issuing such information. I also understand that some jobs require special background checks and that failure to meet these requirements may lead to my rejections as an applicant of if employed, termination.

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| **Interviewed by:**        **Date:** / /  **Hired:** 🞏 Yes 🞏 No **Position:**  **Dept:**        **Salary/Wage:**  **Date Reporting to Work:**  **Approved By:**        **By:** |

**Signature of Applicant Date of Signature**

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| **DO NOT WRITE BELOW (FOR EMPLOYER’S USE ONLY)** |

**DISCLOSURE STATEMENT**

THE DEPARTMENT OF HUMAN SERVICES AND ARKANSAS REHABILIATION SERVICES REQUIRE THAT WE REPORT A LIST OF APPLICANTS, THEIR ADDRESSES, SOCIAL SECURITY NUMBERS, AND POSITIONS.

PLEASE AUTHORIZE BELOW:

I AUTHORIZE MY NAME, ADDRESS, SOCIAL SECURITY NUMBER AND APPLIED POSITION TO BE RELEASED TO THE DEPARMENT OF HUMAN SERVICES AND ARKANSAS REHABILIATION SERVICES.

I DO NOT AUTHORIZE MY NAME, ADDRESS, SOCIAL SECURITY NUMBER AND APPLIED POSITION TO BE RELEASED TO THE DEPARTMENT OF HUMAN SERVICES AND ARKANSAS REHABILIATION SERVICES.

SIGNATURE

CURRENT STREET ADDRESS

CITY, STATE, ZIP CODE

DATE

|  |  |  |
| --- | --- | --- |
| **FOR EMPLOYER’S USE ONLY** | | |
| **REFERENCE CHECK** | | |
| **Employer** | **Person Contacted** | **Results** |
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**ACT 1474**

**CONSENT FORM**

I, , hereby give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to Forrester-Davis Development Center, Inc. and affiliate. This consent is given in accordance with ***Act 1474 of the 1999 General Assembly of the State of Arkansas***.

This consent is valid for no longer than six months, as dated below.

**Signature of Applicant Date of Signature**

**ACT 1474**

***Act 1474 of the 1999 General Assembly of the State of Arkansas*** is effective August 1, 1999.

The Act will allow employers to disclose a current or former employee’s employment history to a prospective employer, but only with written consent from the applicant.

The following information may be disclosed:

• Date & duration of employment;

• Current pay rate & wage history;

• Job description and duties;

• The last written performance evaluation performed before the date of the request;

• Attendance performance;

• Results of drug or alcohol test administered written one year before the request;

• Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;

• Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and

• Whether the employee is eligible for rehire.

I have read the Provisions of ***Act 1474 of 1999***.

**Signature of Applicant Date of Signature**