

P.O. BOX 208 CENTERTON, AR 72719 PHONE (479)795-2750 FAX (479)795-2545

APPLICATION FOR EMPLOYMENT	- AN EQUAL OPPO	ORTUNITY EMPLOYE	<u>R</u>	
Answer each question fully and accurately. No action will be taken on this application on this application. PLEASE PRINT, except for signature on back of a questions are intended to imply illegal preferences or discrimination based upon non-jo	application. In reading and a			
Job Applied for		Today's Date		
	u seeking: Full-time 🗌 Part-time 🔲 Temporary 🔲 employment? When could you start work?			
Last Name First Name	Middle Name	ddle Name Telephone Number		
Present Street Address Cit	 ! y	State	Zip Code	
Are you 18 years of age or older?	· · · · · · · · · · · · · · · · · · ·		Yes 🗌 No 🗌	
Social Security # If hired, can you furni		ble to work in the U.S.?	Yes No No	
Have you ever applied here before? Yes No	If yes, when?			
Were you ever employed here? Yes No	If yes, when?		·····	
Have you ever been convicted of any law violation? Include an plea of "guilty" or "no contest." Exclude minor traffic violation			Yes 🗌 No 🗍	
If yes, give details(A conviction will not necessarily disqualify an applicant for e	employment.)			
If employed, do you expect to be engaged in any additional bus or employment outside of our job?			Yes No	
If yes, give details			•	
For Driving Jobs Only: Do you have a valid driver's license?			Yes 🗌 No 🗍	
Driver's License Number	State License	ed in Class of lic	cense	
Have you had your driver's license suspended or rev	voked in the last 3 ye	ars?	Yes 🗌 No 🗍	
If yes, give details:				
List professional, trade, business or civic activities and offices he race, color, religion, national origin, sex, age, disability or other				
LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Degree/		
High School	Completed	Certilicate		
College				
Vocational				
What skills or additional training do you have that relate to the	job for which you are	e applying?		
What machines or equipment can you operate that relate to the	job for which you are	e applying?		

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

and organizations to provide relevan making such statements. understand I may be required to employment, if required, understand that if I am extended he release of any or all medical information UNDERSTAND THAT THIS APPL UNDERSTAND THAT THIS APPL CONTRACT OF EMPLOYMENT NOR	ant information and opinions that may be to successfully pass a drug screening of an offer of employment it may be conditionation as may be deemed necessary to the condition of the condition of the condition as may be deemed necessary to the conditions are the conditions are the conditions are the conditions and the conditions are the c	useful in making a hiring decision. I release such persons and o examination. I hereby consent to a pre- and/or post-employr ioned upon my successfully passing a complete pre-employme o judge my capability to do the work for which I am applying.	organizations from any legal liability in ment drug screen as a condition of ent physical examination. I consent to		
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers					
		Auditoo	THORE		
Give three references, no	ot relatives or former employer	s. Address	Phone		
	•	gn?	Yes No No		
			Yes No No		
	ended school under any other es:	r names?	Yes No No		
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING			
CITY, STATE, ZIP CODE		PAY: START \$ FIN	VAL \$		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FRO	рм то		
NAME OF EMPLOYER		JOB TITLE AND DUTIES			
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	-		
CITY, STATE, ZIP CODE		PAY: START \$ FIN	NAL \$		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FRO	рм то		
NAME OF EMPLOYER		JOB TITLE AND DUTIES			
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CITY, STATE, ZIP CODE		PAY: START \$ FIN	NAL.\$		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FRO	ом то		
NAME OF EMPLOYER		JOB TITLE AND DUTIES			
SUPERVISOR(S)	TELEPHONE	Reason For Leaving	-		
CITY, STATE, ZIP CODE		PAY: START \$ FIN	NAL \$		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FRO	ОМ ТО		
NAME OF EMPLOYER		JOB TITLE AND DUTIES			