**NORTHWEST ARKANSAS CHILDREN’S SHELTER**
14100 Vaughn Road, Bentonville AR 72712
Phone: 479-795-2417 Fax: 479-795-4195

**APPLICATION FOR EMPLOYMENT**

NWACS is an Equal Opportunity Employer

# PERSONAL INFORMATION

|  |  |
| --- | --- |
| Application Date: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       |       |       |

 First Middle Last

|  |  |
| --- | --- |
| Present Address: |       |

 Street City, ST, Zip

|  |  |
| --- | --- |
| Permanent Address: |       |

 Street City, ST, Zip

|  |  |
| --- | --- |
| Email Address: |       |
| Phone (home): |       | (work/cell): |       |

|  |  |
| --- | --- |
| 21 years or older? |  Yes: [ ]  No: [ ]  |

|  |  |
| --- | --- |
| Are you either a U.S. citizen or an alien authorized to work in the United States? | Yes: [ ]  No: [ ]  |

**All employees of NWACS are required to pass drug screening, central registry and criminal**

**investigation checks.**

|  |  |
| --- | --- |
| I understand and am willing to submit to these screenings. | Yes: [ ]  No: [ ]  |

# EMPLOYMENT DESIRED

|  |  |
| --- | --- |
| Position applying for: |       |

|  |  |
| --- | --- |
| Date available for employment:  |       |

|  |  |
| --- | --- |
| Are you currently employed?  | Yes: [ ]  No: [ ]  |

|  |  |
| --- | --- |
| If employed, may we inquire of your present employer? | Yes: [ ]  No: [ ]  |

|  |  |
| --- | --- |
| What type of employment are you interested in? | Part-time: [ ]  Full-time: [ ]  |

Which shifts are you willing to work? **(Youth Care Specialist only)**

|  |  |  |
| --- | --- | --- |
| 7:15am-3:30pm: [ ]  | 3:15pm-11:30pm: [ ]  | 11:15pm-7:30am: [ ]  |

Which shift would you prefer? **(Youth Care Specialist only)**

|  |  |  |
| --- | --- | --- |
| 7:15am-3:30pm: [ ]  | 3:15pm-11:30pm: [ ]  | 11:15pm-7:30am: [ ]  |

|  |  |
| --- | --- |
| Are you available to work any day of the week? | Yes: [ ]  No: [ ]  |

|  |  |
| --- | --- |
| If not, explain: |       |

|  |  |
| --- | --- |
| How did you learn of this job posting? |       |
| Did you learn about this from a website? If so, which one? |       |
| Were you referred by someone? If so, who? |       |

# EDUCATION

**High School**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & address: |       | No. of years: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Did you graduate? | Yes: [ ]  No: [ ]  | Subjects studied:  |       |

**College**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & address: |       | No. of years: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Did you graduate? | Yes: [ ]  No: [ ]  | Subjects studied:  |  |

**Trade, Business or Correspondence School**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & address: |       | No. of years: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Did you graduate? | Yes: [ ]  No: [ ]  | Subjects studied:  |       |

**General**

|  |  |
| --- | --- |
| Special Study or research work: |       |

|  |  |
| --- | --- |
| Special skills: |       |

Activities: (civic, athletic, etc.) Exclude organizations, the name of which indicates the race, creed, sex,

age, marital status, color or national origin or its members:

|  |
| --- |
|       |

|  |  |  |  |
| --- | --- | --- | --- |
| U.S. Military or Naval Service: |       | Rank: |       |

|  |  |
| --- | --- |
| Present membership in National Guard or Reserves? | Yes: [ ]  No: [ ]  |

# FORMER EMPLOYERS

List below the last three employers, starting with the latest one first:

|  |  |
| --- | --- |
| Name and address: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Start date: |       | End date: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary: |       | Position: |       |

|  |  |
| --- | --- |
| Reason for leaving: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor |       | Phone Number  |       |

|  |  |
| --- | --- |
| Name and address: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Start date: |       | End date: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary: |       | Position: |       |

|  |  |
| --- | --- |
| Reason for leaving: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor |       | Phone Number  |       |

|  |  |
| --- | --- |
| Name and address: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Start date: |       | End date: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary: |       | Position: |       |

|  |  |
| --- | --- |
| Reason for leaving: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor |       | Phone Number  |       |

|  |  |
| --- | --- |
| Which of these jobs did you like best? And why? |       |

# REFERENCES (Please complete all fields)

Give the names of three persons *not related to you*, whom you have known ***professionally*** at least one year:

|  |  |
| --- | --- |
| 1.Name:  |       |

|  |  |
| --- | --- |
| Mailing address: |       |

|  |  |
| --- | --- |
| Business:  |       |

|  |  |
| --- | --- |
| Email Address:  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Years acquainted: |       | Phone number:  |       |

|  |  |
| --- | --- |
| 2.Name:  |       |

|  |  |
| --- | --- |
| Mailing address: |       |

|  |  |
| --- | --- |
| Business:  |       |

|  |  |
| --- | --- |
| Email Address:  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Years acquainted: |       | Phone number:  |       |

|  |  |
| --- | --- |
| 3.Name:  |       |

|  |  |
| --- | --- |
| Mailing address: |       |

|  |  |
| --- | --- |
| Business:  |       |

|  |  |
| --- | --- |
| Email Address:  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Years acquainted: |       | Phone number:  |       |

# UNDERSTANDING AND AGREEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give any and all information concerning my previous employment and any pertinent information they may have, and release all parties from liability for any damage that may result from furnishing said.

I understand that all employees of NWACS are required to pass drug screening at a location designated by NWACS, as well as central registry and criminal investigation checks using my name and social security number.

I understand and agree that, if hired, my employment is for no definite period and that regardless of the date of payment of my wages and salary may be terminated at any time without prior notice and for any reason not prohibited by law.

Northwest Arkansas Children’s Shelter does not discriminate against race, age, gender, religion, marital status, disability, or health conditions or problems.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |       | Date: |       |

**Do not write below**

Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hired? Yes \_\_ No \_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status: FT \_\_ PT \_\_ OC \_\_

Salary/wage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date employment begins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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