Application for Employment

COMPREHENSIVE JUVENILE SERVICES, INC. 1606 South "J" Street • Fort Smith, AR 72901

(PLEASE PRINT)

	Date of A	pplication:	
Position(s) Applied for:		· · · ·	
Referral Source: □ Advertisement □ Frie	nd 🗆 Relative	Employmen	nt Agency 🗆 Other
Name:			
	FIRST		MIDDLE
Address:	СІТҮ	STATE	ZIP CODE
Phone No.: ()	Social Secu	rity No.:	
Have you filed an application here before?	□ Yes	□ No Date:	
Have you ever been employed here before?	□ Yes	□ No Date:	
Are you a citizen of the United States?	□ Yes	□ No	
If not a citizen, do you possess an Alien Ro	egistration Card?	\Box Yes \Box No	
If yes, give Alien Registration Number:			
Which of the following are you available to w	ork? 🛛 Full Tin	ne 🛛 Part Ti	me 🛛 Shift Work
Are you on lay-off and subject to recall?	□ Yes	□ No	
Can you travel if a job requires it?	□ Yes	□ No	
Do any of your friends or relatives, other than	your spouse, work	k here? □ Yes	🗆 No
If yes, list name(s):			
Have you been convicted of a felony within th			🗆 No
If yes, explain:			
_			

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

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Are you a veteran of the U.S. military service?

🗆 Yes	🗆 No
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 \square No

 \Box Yes

If yes, what was your branch of U.S. military service?

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying?

If yes, please explain: _____

What foreign languages do you speak, read, and/or write?		Fluently	Good	Fair
	Speak			
	Read			
	Write			

List professional, trade, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin.):

Give name, address and phone number of three (3) references not related to you.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please check and sign below.

□ Handicapped Individual □ Disabled Veteran □ Vietnam Era Veteran

Signed____

Employment Experience

List each job held. Start with your **present** or **last** job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

1	Employer	Dat	tes	
•		From	То	Work Performed
	Address			
	Job Title	Hourly Ra		· · · · · · · · · · · · · · · · · · ·
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Da	tes	
_		From	То	
	Address			
	Job Title	Hourly Ra		· · · · · · · · · · · · · · · · · · ·
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3 Employe	Employer	Da	tes	
		From	To	
	Address			
	Job Title	Hourly Ra		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Da	tes	
		From	То	
	Address			
	Job Title	Hourly R	te/Salary	
		Starting	Final	
	Supervisor			· · · · · · · · · · · · · · · · · · ·
	Reason for Leaving			

If additional space is needed, please continue on a separate sheet.

Summarize special skills and qualifications acquired from employment or other experience:

Education

	Elementary			High			College/University			Graduate/ Professional							
School Name																	
Years Completed (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprentice- ship, Skills and Extra- Curricular Activities		I	<u>I</u>	<u> </u>	I	I				<u> </u>				I			

Honors Received:

State any additional information you feel may be helpful to us in considering your application:

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(2) may result in discharge. I further understand that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

For Agency Use Only						
Arrange Interview: [∃ Yes	🗆 No				
Remarks:						
Interviewer:			Date Interviewed:			
Employed:	∃ Yes	🗆 No	Date of Employment:			
Job Title:			Hourly Rate/Salary: Location:			