



## Employment Application

Application must be completed in full even though same information is included on your resume.  
**THE CENTER IS A SMOKE-FREE WORKPLACE.**

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Office (s): \_\_\_\_\_

Date available to begin work: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

List any Foreign Languages: \_\_\_\_\_

### Education

Name and Location	Years Attended	Graduation Date	Major & Degree	Grade Point Avg.	GPA Scale
High School					
College					
College					
Graduate School					
Business / Other					

List any special study or research work:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO



## Attorney Applicants

Date of Admission to the AR Bar

\_\_\_\_\_  
**Month**

\_\_\_\_\_  
**Year**

Date of Admission to the \_\_\_\_\_(state) Bar

\_\_\_\_\_  
**Month**

\_\_\_\_\_  
**Year**

If you are not licensed in Arkansas or do not qualify for admission by reciprocity, give the date you plan to take the Arkansas Bar exam.

\_\_\_\_\_  
**Month**

\_\_\_\_\_  
**Year**

## Disclaimer and Signature

*I authorize the investigation of all statements contained on this application, including the contacting of present and former employers and references. I understand that misrepresentation or omission of facts called for in this application is cause for dismissal.*

**ALL APPLICANTS MUST SUBMIT A RESUME. APPLICANTS FOR ATTORNEY, PARALEGAL AND PRO BONO COORDINATOR POSITIONS MUST SUBMIT A WRITING SAMPLE (PAPER NOT TO EXCEED 20 PAGES). RESUMES AND WRITING EXAMPLES CANNOT BE RETURNED.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_