

## **Center for Arkansas Legal Services** 1300 West 6th Street, Little Rock, AR 72201

(501) 376-3423 www.ArkansasLegal.org

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	Fir	st		М.І.		
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 au	thorized to wo		
Have you ever worked for this company?		YES	NO □	If yes, when?			
Have you ever been convicted of a felony?			NO □	If yes, explain:			

List any Foreign Languages:

Education						
Name and Location	Years	Graduation	Major &	Grade Point	GPA	
	Attended	Date	Degree	Avg.	Scale	
High School						
College						
College						
Graduate						
School						
Business /						
Other						
List any special study or research work:						

## References

Please list thi	ree professional references.				
Full Name:			Email A	ddress:	
Company:				Phone:	
Address:					
Job Title:			Years	Known:	
Full Name:			Email A	ddress:	
Company:				Phone:	
Address:					
Job Title:			Years	Known:	
Full Name:			Email A	ddress:	
Company:				Phone:	
Address:					
Job Title:			Years I	Known:	
	Previous E	malayma	nt		
		mpioyine	int		
Company:				Phone:	
Company: _ Address: _				Phone: Supervisor:	
Address:	Starting S	alary: <mark>\$</mark>		Supervisor:	
Address:	Starting S	alary: <mark>\$</mark>		Supervisor:	
Address: Job Title: Responsibilitie From:	Starting S	alary: <mark>\$</mark>		Supervisor:	
Address: Job Title: Responsibilitie From:	Starting S	alary: <u>\$</u> Reason fo	or Leaving:	Supervisor:	
Address: Job Title: Responsibilitie From:	Starting S	alary: <u>\$</u> Reason fo	or Leaving:	Supervisor:	
Address: Job Title: Responsibilitie From: May we conta	Starting S	alary: <u>\$</u> Reason fo	or Leaving:	Supervisor: Ending Salary: <u>\$</u>	
Address: Job Title: Responsibilitie From: May we conta	Starting S	alary: <u>\$</u> Reason fo	or Leaving:	Supervisor: Ending Salary: <u>\$</u> Phone: Supervisor:	
Address: Job Title: Responsibilitie From: May we conta Company: Address: Job Title:	Starting S	alary: <u>\$</u> Reason fo	or Leaving: NO	Supervisor: Ending Salary: <u>\$</u> Phone: Supervisor: Ending Salary: <u>\$</u>	
Address: Job Title: Responsibilitie From: May we conta Company: Address: Job Title:	Starting S Starting S Starting S Starting S Starting S Starting S	alary: <u>\$</u> Reason fo	or Leaving:	Supervisor: Ending Salary: <u>\$</u> Phone: Supervisor: Ending Salary: <u>\$</u>	

Company:					F	hone:		
Address:					Supe	rvisor:		
Job Title:	Starting Salary:					ding Salary: <u>\$</u>		
Responsibili	ties:							
	To:				g:			
May we cont	act your previous super	visor for a referer	YES	NO			_	
Company:					_ F	hone:		
Address:						rvisor:		
Job Title:	Starting Salary: <u>\$</u>				_ End			
Responsibili	ties:							
	То:							
May we cont	act your previous superv	visor for a referer	YES	NO □				
Company:					F	hone:		
Address:								
Job Title:			rting Salary: <mark>\$</mark>					
Responsibili	ties:							
	То:							
May we cont	act your previous superv	visor for a referer	YES	NO □				
		Compi	uter / Office	Skills				
	PROGRAM			PROFIC				
	D WordPerfect	Power User     Power User	Proficient Proficient	Some Ex		Familiar	☐ Took a Class ☐ Took a Class	
	ERPOINT	Power User	Proficient				Took a Class	
DREAMV	VEAVER 🗌 ASP	Power User	Proficient	Some Ex		🗌 Familiar	Took a Class	
	FRONT PAGE							
		Power User	Proficient		-	Familiar	Took a Class	
	CRYSTAL REPORTS	Power User	Proficient	Some Ex	-	Familiar	Took a Class	
	MAPPING SOFTWARE	Power User     Power User	Proficient     Proficient			Familiar	Took a Class	
OTHER (be								

	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.