

Application For Employment

Note: Please answer each question fully and accurately. No action can be taken on this application until all questions have been answer. PLEASE PRINT except for your signature on the last page.

Position applied for _____ Today's Date _____

Name _____ Phone# _____

Are you 18 years of age or older? _____ Social Security # _____

Have you ever been employed here before? _____ If Yes, When? _____

Have you ever applied here before? _____ if yes, When? _____

Number of days missed work in the last six months? _____

Has a court ever denied you parental custodial or visitation rights as a result of child mal-treatment? _____ if Yes, explain _____

Have you ever been convicted of any of the following: Yes / No

- 1) Capital Murder; 2) 1st or 2nd degree murder; 3) Manslaughter; 4) 1st or 2nd degree battery; 5) Aggravated assault; 6) 1st degree terroristic threatening; 7) Kidnapping; 8) 1st degree false imprisonment; 9) Permanent detention or restraint; 10) 1st/2nd degree rape or carnal abuse; 11) 1st /2nd degree sexual abuse 12) 1st /2nd degree violation of a minor; 13) Incest; 14) 1st degree endangering of a minor; 15) Permitting child abuse; 16) Engaging children in sexually explicit conduct for the use in visual or print; medium, transportation of minors for prohibited sexual conduct, of a child or consent to use of a child in sexual performance, by producing, directing, or promoting sexual performance by a child; 17) Criminal attempt, criminal solicitation or criminal conspiracy to commit any of the above offenses; 18) Distribution to minors, {of any controlled substance}; 19) manufacture, delivery, or possession with intent to deliver or manufacture of any controlled substance; 20) Carnal abuse in the third degree; 21) Sexual solicitation of a child; 22) Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child; 23) Negligent homicide; 24) Assault in the third degree; 25) Coercion; 26) Sexual misconduct; 27) Public sexual indecency; 28) Indecent exposure; 29) Endangering the welfare of a minor in the second degree; 30) Any felony or misdemeanor involving violence or sexual misconduct.

Education (Give name, address, location, highest grade completed, date of leaving)

High School or GED _____

College or University _____

College Major _____ Degree _____

Advanced degree or course work _____

Additional Education, Vocational Technical Training Information _____

HEALTH Do you have any physical limitations which would give you problems in performing this job? Yes No If yes, explain _____

Would you take a physical examination if required? Yes NO

Could you have documentation of an annual TB skin test? Yes No

REFERENCES Names complete with address, phone numbers of three people (no relatives or former employer) we may contact about you

1. Name _____

Address _____ Phone () _____

2. Name _____

Address _____ Phone () _____

3. Name _____

Address _____ Phone () _____

WORK HISTORY Please attach a resume or list below all work history for the past six years. If self-employed, supply business reference. PLEASE GIVE MONTH AND YEAR.

Employer's Name & Address/ (#)	From/To	Duties	Last Supervisor	Reason For Leaving

(Continue on a sheet of blank paper if you do not have enough room to list your employers for the past six years)

List anything that might limit you from doing this job. _____

Are you now or do you expect to be engaged in other business or employment? If yes, explain _____

Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record. _____

AFFIDAVIT I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render the application void, or if employed, would be cause for termination. I authorize the individuals or institutions named above to give information regarding my employment, character, and qualifications, hereby releasing them from all liability for insuing such information.

Signature _____ Date _____

Date Employed _____ Date of Separation _____

EMPLOYMENT REFERENCE CHECK

Re: _____

Contact: _____
Name Title Company Phone

This is _____ With _____
(your name) (name of your center)

(Applicant) has applied with us for a job as _____ and has listed you as a former employer. I have his/her authorization for a reference check and I'm verifying some of the information given to us.

1. When did she/he work for you? From _____ To _____.
2. What was the nature of his/her job?
3. How many people, if any, did she/he supervise? For how long?
4. How would you describe his/her performance?
5. How was his/her work attendance?
6. How well did he/she work (get along) with employees and others?
7. What would you say were his/her strong points and weak points?
8. Was she/he dependable?
9. Could you comment on his/her ability to take responsibility?

Signature _____ Date _____

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

Authorization for release of confidential information:

ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY

Note to users of this form: Please type or print all information! Illegible Forms will not be processed! Fill out form completely. This form may be copied and shared.

RETURN THE ORIGINAL COMPLETED FORM TO: YOUR CHILD CARE LICENSING SPECIALIST

FACILITY REQUESTING CHECK AND REPORT		NAME Nicole Tarkington CCLS, Faulkner County 501-730-9933	THE CHECK
MAILING ADDRESS			INTY
CITY	STATE	ZIP	
FACILITY DIRECTOR & TELEPHONE NUMBER		DATE OF REQUEST	

TO BE COMPLETED BY THE PERSON TO BE CHECKED

NAME OF PERSON TO BE CHECKED: _____ (LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME: _____ ALIASES: _____

DOB: (____ / ____ / ____) SSN: ____ -- ____ --
MONTH DATE YEAR

RACE: _____ SEX: (MALE / FEMALE) TELEPHONE NUMBER: (____) _____

COMPLETE ADDRESS: _____
STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____

<u>FULL NAME/AGE OF OWN CHILDREN</u>	<u>DOB</u>	<u>SOCIAL SECURITY NUMBER</u>

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release all information their files may contain including the Prosecuting Attorney's report, concerning the undersigned and any birth/legal children ages 10 through 17 who are now or have resided in my home of the undersigned. I also understand that the name of any confidential informants, or other information which does not pertain to me or my children, will not be released."

SIGNATURE OF PERSON TO BE CHECKED DATE

COUNTY OF _____ SS _____
STATE OF ARKANSAS

Acknowledge before me on this _____ day of _____
20____.

Notary Public _____

My Commission Expires: _____ / _____ / _____

FACILITY/LICENSE # _____

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION

REQUEST FOR:

CRIMINAL RECORD CHECK: AR920100Z

(RETURN THE ORIGINAL COMPLETED FORM TO: YOUR CHILD CARE LICENSING SPECIALIST)

(FACILITY USE ONLY)			(DHS USE ONLY)	
FACILITY REQUESTING REPORT			NAI Nicole Tarkington	THE CHECK
MAILING ADDRESS			CCLS, Faulkner County	
CITY STATE ZIP			501-730-9933	Y
FACILITY DIRECTOR & TELEPHONE NUMBER			501-730-9933	
			TELEPHONE NUMBER	
			DATE OF REQUEST	

TO BE COMPLETED BY THE PERSON TO BE CHECKED

NAME OF PERSON TO BE CHECKED: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME: _____ ALIASES: _____

DOB: (/ /) SSN: - - PHONE #: () -

MONTH DATE YEAR

DRIVER'S LICENSE #: / RACE: SEX: (MALE / FEMALE)

COMPLETE ADDRESS: _____
STREET CITY STATE ZIP

NOTE: HAVE YOU LIVED IN ARKANSAS FOR THE PAST SIX (6) YEARS? YES NO (IF NO YOU MUST COMPLETE AN FBI RECORD CHECK AND FINGERPRINT CARD).

PLACE OF EMPLOYMENT: _____

This check is performed under the authority of Ark. Code ANN. 20-78-604.
"I hereby authorize the Arkansas State Police to release any criminal history information: to the Division of Child Care and Early Childhood Education."

COUNTY OF _____ STATE OF ARKANSAS _____ SS

Acknowledge before me on this _____ day of _____ 20____.

Notary Public _____

My Commission Expires: _____ / _____ / _____

STATE POLICE USE ONLY DO NOT WRITE IN THIS BOX: { } 82001 CIVIL RECORDS CHECK