*We sincerely appreciate your interest in seeking employment with us. The questions asked on this application are designed to give us related information in considering you for employment. Any applicant who provides unrequested information will be rejected.*

**PERSONAL INFORMATION**

Full Name: Click here to enter name Social Security No. Click here to enter number

Street Address: Click here to enter address

City: Choose an item. If other, please list: Click here to enter city

State: Choose an item. If other, please list: Click here to enter state

Zip: Click here to enter zip code

Phone No: Click here to enter number Other Phone No. Click here to enter number

Are you at least 18 years of age?  YES  NO

Please list any immediate family members working for or have worked for the Center:

Click here to enter name(s)

**POSITION OF INTEREST**

What position are you applying for? Choose an item.

Starting wage/salary you are seeking? $Click here to enter salary requirement

When could you begin employment? Click here to enter a date.

Are there any limitations as to days/hours you are able to work?  YES  NO

If yes, please note the days/hours you would NOT be able to work. Click here to enter dates/times

**EDUCATION**

Did you gain a high school diploma or GED?  YES  NO

**College Education (verification will be required during interview process)**

Associate Degree in Early Childhood/Related Field  Associate Degree in Unrelated Field

Bachelor Degree in Early Childhood/Related Field  Bachelor Degree in Unrelated Field

Master Degree in Early Childhood/Related Field  Master Degree in Unrelated Field

We do not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, disability or any other factor prohibited by law or regulation. No question on this application is intended to secure information to be used for such discrimination.

**TRAINING**

**Other Training/Certifications (verification will be required during interview process)**

Child Development Credential (CDA)  Current First Aid/CPR

Pre-Service  Child Care Orientation Training (CCOT)

Pre-K ELLA  Infant/Toddler Frameworks

Preschool Frameworks  Other: Click here to enter text.

Estimated early childhood training hours completed: Click here to enter text.

**EMPLOYMENT HISTORY**

Have you ever worked for us before?  YES  NO

If yes, from Click here to enter a date. to Click here to enter a date.

May we contact your present employer?  YES  NO

Please list employment history for at least the past seven (7) years in chronological order with most recent positions first.

Present or Last Employer: Click here to enter text. Name & Title of Supervisor: Click here to enter text.

Address: Click here to enter text. Phone Number: Click here to enter text.

Dates of Employment: Click here to enter a date. to: Click here to enter a date.

Starting Position: Click here to enter position Ending Position: Click here to enter position

Starting Salary: Click here to enter pay rate Ending Salary: Click here to enter pay rate.

Briefly describe duties performed: Click here to enter text.

Reason for leaving: Click here to enter text.

Present or Last Employer: Click here to enter text. Name & Title of Supervisor: Click here to enter text.

Address: Click here to enter text. Phone Number: Click here to enter text.

Dates of Employment: Click here to enter a date. to: Click here to enter a date.

Starting Position: Click here to enter position Ending Position: Click here to enter position

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Starting Salary: Click here to enter pay rate Ending Salary: Click here to enter pay rate.

Briefly describe duties performed: Click here to enter text.

Reason for leaving: Click here to enter text.

**GENERAL INFORMATION**

Do you have documentation of an annual TB skin test?  YES  NO

Are you authorized to work in the United States?  YES  NO

If not, please indicate the type of alien certification you have, as required for work by federal law:

Click here to enter text.

Would you like for your application to be forwarded to other parties if no positions are available?

YES  NO

**DRUG SCREENING**

I hereby give consent to undergo drug screening as part of the pre-employment process and understand that the results thereof will be used to further determine by eligibility for employment. I further understand that if a detectable presence of illegal drug(s) is revealed a result of the screening procedures, I will be disqualified from further hiring consideration.

Click here to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

**BACKGROUND REPORT**

Has a court ever denied you parental custodial or visitation rights as a result of child maltreatment?

YES  NO

Have you lived outside of the state of Arkansas for any period during the past six years?  YES  NO

Have you ever been convicted of any of the following:  YES  NO

1)Abuse of an Endangered or Impaired Person; 2) Arson; 3) Capital Murder; 4) Endangering the Welfare of an Incompetent Person; 5) Kidnapping; 6) Murder in the First or Second Degree; 7) Rape; 8) Sexual Assault in the First and Second Degree; 9) Criminal Attempt to commit any offenses in MLR Section 100.110; 10) Criminal Complicity to commit any offenses in MLR Section 100.110; 11) Criminal Conspiracy to commit any offenses in MLR Section 100.110; 12) Criminal Solicitation to commit any offenses in MLR Section 100.110; 13) Assault in the First, Second, or Third degree; 14) Assault, Aggravated; 15) Assault, Aggravated on a Family or Household Member; 16) Battery in the First, Second or Third Degree; 17) Breaking or Entering; 18) burglary; 19) Coercion; 20) Computer Crimes Against Minors; 21) Contributing to the Delinquency of a Juvenile; 22) Contributing to the Delinquency of a Minor; 23) Criminal Impersonation; 24) Criminal Use of a Prohibited Weapon; 25) Death Threats Concerning a School Employee or Students; 26) Domestic Battery in the First, Second, or Third Degree; 27) Employing or Consenting to the Use of a Child in a Sexual Performance; 28) Endangering the Welfare of a Minor in the First or Second Degree; 29) Endangering the Welfare of an Incompetent Person in the First or Second Degree; 30) Engaging Children in Sexually Explicit Conduct for Use in Visual or Print Media; 31) False Imprisonment in the First or Second Degree; 32) Felony Abuse of an Endangered or Impaired Person; 33) Felony Interference with a Law Enforcement Officer; 34) Felony Violation of the Uniform Controlled Substance Act; 35) Financial Identity Fraud; 36) Forgery; 37) Incest; 38) Interference with Court Ordered Custody; 39) Interference with Visitation; 40) Introduction of Controlled Substance into Body of Another Person; 41) Manslaughter; 42) Negligent Homicide; 43) Obscene Performance at a Live Public Show; 44) Offense of Cruelty to Animals; 45) Offense of Aggravated Cruelty to Dog, Cat or Horse; 46) Pandering or Possessing Visual or Print Medium Depicting Sexually Explicit Conduct Involving a Child; 47) Patronizing a Prostitute; 48) Permanent Detention or Restraint; 49) Permitting Abuse of a Minor; 50) Producing, Directing or Promoting a Sexual Performance by a Child; 51) Promoting Obscene Materials; 52) Promoting Obscene Performance; 53) Promoting Prostitution in the First, Second; 54) Prostitution; 55) Public Display of Obscenity; 56) Resisting Arrest; 57) Robbery; 58) Robbery (Aggravated Robbery); 59) Sexual Offense (Any); 60) Simultaneous Possession of Drugs and Firearms; 61) Soliciting Money or Property form Incompetents; 62) Stalking; 63) Terroristic Act or Threatening; 64) Theft by Receiving, Property or Services; 65) Transportation of Minors for Prohibited Sexual Conduct; 66) Unlawful Discharge of a Firearm from a Vehicle; 67) Voyeurism

I hereby acknowledge and authorize as part of the pre-employment process Helen R. Walton Children’s Enrichment Center to obtain a criminal background report of convictions, including FBI fingerprinting. You have a right within a reasonable period of time to request the source of our information.

Click here to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

**STATEMENT OF UNDERSTANDING**

1. We make no promise of employment of offering this application form or accepting your written response.
2. No one is authorized to offer you employment with us except in writing. Do not make or change any plans based on what anyone tell you orally.
3. Any employment we may offer you will be terminable at will. This means you can quit anytime. It also means we can terminate you at any time; with or without cause.
4. By completing this application and signing below, you authorized us to investigate your qualifications and to make inquiries about you generally. You also authorize us to share this application and its contents with our employees and any outside agencies or representatives we deem appropriate. If there is anyone you do not want us to contact, please tell us in writing.
5. By signing below you are affirming that the statements you make in this application, plus any additional written and oral information you provide us about yourself (such as resume or interview) are true, and that you have not omitted anything about yourself that might be important to us in deciding whether to hire you. You understand that any false statement or material omission is sufficient grounds for us to reject this application or terminate your employment should you be hired.



Click here to enter a date.

Date

**WRITTEN QUESTIONS (applicant – please complete)**

Full Name: Click here to enter text.

1. Why do you want to work at the Helen R. Walton Children’s Enrichment Center?

Click here to enter text.

1. What three (3) qualities or attributed do you possess that would best benefit you in providing excellent child care and education?

Click here to enter quality #1

Click here to enter quality #2

Click here to enter quality #3

1. What is the greatest challenge you have ever faced at work and how did you address it?

Click here to enter text.

1. What do you feel is important when dealing with others in the work place?

Click here to enter text.

1. What do you feel best qualifies you for this job?

Click here to enter text.

1. What age children do you prefer to work with and why?

Click here to enter text.

**EMPLOYMENT REFERENCE CONSENT**

Applicant Name: Click here to enter your name Social Security No: Click here to enter you SSN

I, Click here to enter your name, hereby give consent to any and all prior employers of mine, and to my current employer, to provide information with regards to my employment with any prior or current employers to Helen R. Walton Children’s Enrichment Center.

This consent is valid for a period of six months from the date which the applicant signs this consent. A copy of this form shall serve as an original.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

Signature Date

**REFERENCE CHECK**

Place of Employment: Click here to enter employer.

Representative providing reference: Click here to enter name

Date of reference check: Click here to enter a date. Time of reference check: Click here to time

Dates of employment: Click here to enter a date. to: Click here to enter a date.

Current or last rate of pay: Click here to enter rate of pay

Current or last position held: Click here to enter position

Attendance history (excluding any qualifying leave under FMLA): Click here to enter text.

Was his/her separation from employment?  Voluntary  Involuntary  Not disclosed

Is the applicant eligible for rehire?  Yes  No  Not disclosed

Place of Employment: Click here to enter employer.

Representative providing reference: Click here to enter name

Date of reference check: Click here to enter a date. Time of reference check: Click here to time

Dates of employment: Click here to enter a date. to: Click here to enter a date.

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Current or last position held: Click here to enter position

Attendance history (excluding any qualifying leave under FMLA): Click here to enter text.

Was his/her separation from employment?  Voluntary  Involuntary

Is the applicant eligible for rehire?  Yes  No

**APPLICANT OVERVIEW SHEET**

**(To be completed by HR Manager)**

Applicant Name: Click here to enter text.

Position Applied For: Choose an item.

Interviewed By:

Choose an item.

Choose an item.

Choose an item.

If applicant was not selected, please state reason(s):

Click here to enter text.

**IF APPLICANT IS HIRED (HR Manager)**

Starting Date: Click here to enter a date.

Job Position: Choose an item. Department: Choose an item.

Starting Wage or Salary: $ Click here to enter wage

Exempt/Salary  Non-Exempt/Hourly Wage

Full-Time  Part-Time

All pre-employment steps including: reference checks, drug screen initiated, have been followed and employment is approved by:

Signature