

Application For Employment
Civitan Services
121 S. Cox Street
P.O. Box 368
Benton, AR 72018-0368

Name: _____ **Social Security Number:** _____
First, Middle, Last

Address: _____ **City, State, Zip:** _____

Phone: _____ **Alt Phone:** _____

Emergency Contact: _____ **Phone** _____

Are you 21 years of age or older: _____ **Have you ever been convicted or pled guilty or**
“no contest” to any criminal offense other than a minor traffic violation? _____

Position Applying For: _____ **Hours Preferred:** _____

Date Available for Hire: _____ **Desired Salary:** _____

Education and Training
List all training, beginning with present or most recent

<i>Name of School</i>	<i>City, State</i>	<i>Major</i>	<i>Years Completed</i>	<i>Diploma/Degree</i>

Additional Training/Certifications: _____

Employment History

List all employment beginning with your present or most recent position including dates of employment.

Date:	Company Name: _____	Address: _____
From /	City, State, Zip: _____	Supervisor: _____
	Phone # : _____	Salary: _____
To /	Job Title: _____	Reason for Leaving: _____
	Duties: _____	

Date:	Company Name: _____	Address: _____
From /	City, State, Zip: _____	Supervisor: _____
	Phone # : _____	Salary: _____
To /	Job Title: _____	Reason for Leaving: _____
	Duties: _____	

Date:	Company Name: _____	Address: _____
From /	City, State, Zip: _____	Supervisor: _____
	Phone # : _____	Salary: _____
To /	Job Title: _____	Reason for Leaving: _____
	Duties: _____	

Date:	Company Name: _____	Address: _____
From /	City, State, Zip: _____	Supervisor: _____
	Phone # : _____	Salary: _____
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Date:	Company Name: _____	Address: _____
From /	City, State, Zip: _____	Supervisor: _____
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Date:	Company Name: _____	Address: _____
From /	City, State, Zip: _____	Supervisor: _____
	Phone # : _____	Salary: _____
To /	Job Title: _____	Reason for Leaving: _____
	Duties: _____	

May we contact your present employer? _____ **Have you provided a resume?** _____

References: Please have the two individuals listed below submit a “Letter of Recommendation” to the Civitan Center Director. Letters must be received prior to employment.

1. _____
Name *Address*

_____ _____
Phone # *Occupation*

2. _____
Name *Address*

_____ _____
Phone # *Occupation*

Civitan Services will complete a thorough reference and background check prior to employment. You must complete and sign authorization prior to submission of your application.

Before you sign this application, review all information to insure that all questions are complete and accurate. Incomplete applications will be returned to applicant for completion and may result in applicant not being hired. If the job which you are applying for requires a diploma, license or certification, a copy will be required as a condition of employment.

By signing below, I declare that to the best of my knowledge and ability, the information provided on this application is true and accurate. I understand that intentional false statements and/or omissions could lead to my dismissal as an employee or rejection as an applicant. I also understand that some jobs require special background checks and security clearance prior to my employment and that failure to meet these requirements may lead to my rejection as an applicant for that position.

Signature of Applicant _____ *Date*

Civitan Services is an equal opportunity employer. Employment opportunities are for all qualified employees without regard to race, color, religion, sex, national origin, age, disability or Veteran status. Qualified candidates for employment are those that meet the requirements specified and can perform the essential functions of the job for which the application was made.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize any former employer, law enforcement agency or credit bureau to furnish Civitan Services, 121 Cox Street, Benton, Arkansas 72015, or any representative thereof, any and all information which they may request including, but not limited to, any notes, reports, opinions, recommendations, or other written or recorded materials generated from interviews, criminal history or credit report, and to allow them or their representative to examine and/or copy records or be provided copies of same, regarding me. This authorization is given in consideration for employment with Civitan Services. A photocopy or facsimile of this authorization shall be as effective equally with the original.

Signature

Social Security Number

Date