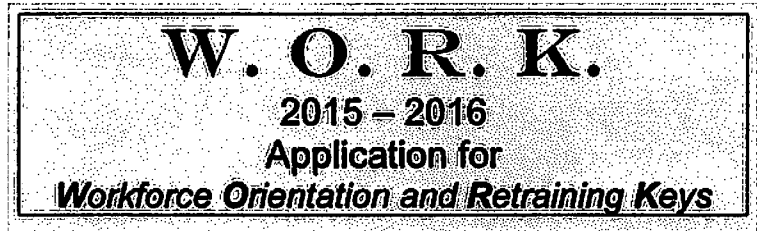




1700 Newcastle Road  
 Forrest City, AR 72335  
 870-633-4480 ext. 245  
 www.eacc.edu



**Applicant Information**

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

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

Phone(#'s): \_\_\_\_\_ Email \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Please choose the following:**

I am currently employed  Receiving unemployment  Other government assistance   
 Current Hourly Rate: \_\_\_\_\_

**Citizenship:**

U.S. Citizen   
 Non-Resident Alien:  Country: \_\_\_\_\_ Visa Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Resident Alien:  Country: \_\_\_\_\_ Card #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If Yes, in what year were you convicted? \_\_\_\_\_

**Education**

Name of High School/GED \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 High School Diploma: Graduation Year \_\_\_\_\_ GED: Completion Year \_\_\_\_\_  
 \* In Case of Emergency: Contact Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Signature**

*I verify that all of the above information is accurate and I give my permission to the W.O.R.K. Program to use any photograph taken of me during the program for promotional, publicity and news media purposes*

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

| OFFICE USE ONLY |                  |              |                |
|-----------------|------------------|--------------|----------------|
| Group #:        | Location:        | W.O.R.K. ID: |                |
| Start Date:     | Completion Date: |              |                |
| Interview Date: | Company:         | Hire Date:   | Starting Wage: |