

**University of Arkansas - East  
Arkansas Community College  
1700 Newcastle Road  
Forrest City, AR 72335  
870-633-4480**



## **Employment Application**

- **UAEACC is committed to providing equal opportunity through its employment practices, educational programs, admissions policies, scholarship and loan programs, and services it offers to the community. The College will make personnel decisions and offer programs that will foster educational opportunities without regard to race, color, national origin, age, gender, pregnancy status or disability of qualified handicapped persons.**
- **Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.**
- **Applications filed do not create a contract of employment with UAEACC. If any individual is hired, employment is not for any definite period of time. Individuals hired will also be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.**
- **Qualified applicants with disabilities, as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, may request any needed accommodations to participate in the application process.**

# UAEACC - APPLICATION FOR EMPLOYMENT

Please answer all questions. If they do not apply, mark them N/A. Please type or print legibly.

Last Name	First Name	MI		
Mailing Address	City	State	Zip Code	County
Home Telephone Number	Cell Phone Number		Email Address	

**■ Position(s) for which you are applying:**

1.
2.
3.

**EMPLOYMENT STATUS SECTION**

1. Will you accept any type of employment? ..... Yes      No  
 If no, check which type(s) of employment you will accept.     Full Time     Part Time     Temporary
2. Teaching availability for adjunct faculty position(s):     Days     Evenings     Weekends     On-line
3. Have you ever filed an application for employment at UAEACC?      Yes      No  
 If yes, what was your name at that time?
4. Have you ever been employed by Arkansas State Government?.....  Yes     No
5. Are you authorized to work lawfully in the United States for UAEACC?    Yes      No; Will you now or in the future require sponsorship to be employed?    Yes      No
6. May we contact your current employer? .....  Yes     No
7. May we contact your former employer(s)? .....  Yes     No
8. Have you been convicted of a felony, misdemeanor, or deferred adjudication? .....  Yes     No
9. If Yes, list offense and date of convictions, (Conviction will not necessarily disqualify applicant from employment).  
 Offense and date:

**■ EDUCATIONAL HISTORY**

1. Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do you have a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. List highest grade completed if none of the above applies. _____	

**(Official College Transcripts are required upon application for all positions.)**

**■ List below post-secondary schools, colleges, universities, trade/vocational, or others attended. Resumes may be submitted in addition to a completed signed employment application but will NOT be considered as a substitute.**

Name and Location	Dates Attended		Major/Minor	Degree	Date Graduated
	From	To			

**Official College Transcripts are required within sixty (60) days of employment. Please have all certified copies of transcripts mailed to the Director of Human Resources, UA - East Arkansas Community College.**

## WORK HISTORY

List all prior work experience, including military service, beginning with your most recent employment. (Include all work experience even if you do not believe that experience to be related to the position or positions for which you are applying.) You may include volunteer or unpaid work as part of your history; however, you should include the number of hours per week which you performed these duties. If you do not have enough space to list all your work experience, use a separate sheet for continuation. **Resumes may be submitted in addition to a completed signed employment application but will NOT be considered as a substitute.**

<b>1.</b>	Current or most recent employer		Business phone		Employment Dates
	Complete mailing address		City	State	Zip Code
	Type of Business		Supervisor's Name		
	Name under which employed		Job Title		
	Job Duties (be specific)				Average hours worked per week
					Rate of pay \$
Reason for leaving					
<b>2.</b>	Current or most recent employer		Business phone		Employment Dates
	Complete mailing address		City	State	Zip Code
	Type of Business		Supervisor's Name		
	Name under which employed		Job Title		
	Job Duties (be specific)				Average hours worked per week
					Rate of pay \$
Reason for leaving					
<b>3.</b>	Current or most recent employer		Business phone		Employment Dates
	Complete mailing address		City	State	Zip Code
	Type of Business		Supervisor's Name		
	Name under which employed		Job Title		
	Job Duties (be specific)				Average hours worked per week
					Rate of pay \$
Reason for leaving					

<b>4.</b>	Current or most recent employer		Business phone		Employment Dates	
	Complete mailing address		City	State	Zip Code	From
	Type of Business		Supervisor's Name			To
	Name under which employed		Job Title			Average hours worked per week
	Job Duties (be specific)				Rate of pay	
Reason for leaving						
<b>5.</b>	Current or most recent employer		Business phone		Employment Dates	
	Complete mailing address		City	State	Zip Code	From
	Type of Business		Supervisor's Name			To
	Name under which employed		Job Title			Average hours worked per week
	Job Duties (be specific)				Rate of pay	
Reason for leaving						
<b>6.</b>	Current or most recent employer		Business phone		Employment Dates	
	Complete mailing address		City	State	Zip Code	From
	Type of Business		Supervisor's Name			To
	Name under which employed		Job Title			Average hours worked per week
	Job Duties (be specific)				Rate of pay	
Reason for leaving						

## SPECIAL SKILLS

Typing Speed, if applicable to position (corrected words per minute):

List the business machines, computers and software applications you can operate:

List additional skills, certifications, or professional licenses relative to the position for which you are applying:

## REFERENCES

Please list three (3) persons **not related to you** who have knowledge of your work qualifications and can serve as a professional reference.

Name	Occupation	Business Address	Telephone Number
1.			
2.			
3.			

## NEPOTISM

Do you have any relatives employed by UA-EACC?  Yes  No

If yes, complete the remainder of this section. (This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism.)

Name	Relationship	EACC Position
1.		
2.		

## Emergency Contact

In case of an emergency, please contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Before you sign this application:

1. Check over your answers to make sure that all questions have been completed properly. If the job you are applying for requires a college degree or certification, a copy of your transcript, certificate, or license will be required as a condition of employment.
2. I, the below signed individual, hereby declare that, to the best of my knowledge and my ability, the information on this application is true and factual.
3. I understand that if I am hired, that my employment is not for any definite period of time, and I may be terminated at any time.
4. I understand that if I state that I have a college degree, and do not have one, that my application will be rejected or, if hired, I will be terminated in accordance with Arkansas Code 21-12-102.
5. I understand that my application may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.
6. I understand that certain jobs may require an acceptable driver's safety record and that if my current or future driver's record is unacceptable under the State Driver's Risk Program, my application may be rejected and, if hired, I may be subject to termination.
7. I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition of any employment.
8. I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee or rejection as an applicant.
9. I also understand that some jobs require special background checks, security clearance, or compliance with other specific college hiring policies prior to my employment, or as a condition of employment; and that failure to meet these requirements may lead to my rejection as an applicant for, or termination from, that job.
10. I affirm that it is my genuine intent to seek, and if offered, employment at East Arkansas Community College and this application is submitted solely for that purpose and for no other purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

This application and any required materials may be e-mailed to [humanresources@eacc.edu](mailto:humanresources@eacc.edu) or fax to 870-633-7222 or returned to the following address:

University of Arkansas - East Arkansas Community College  
Human Resources Office  
1700 Newcastle Road Forrest City, AR 72335

# STATE OF ARKANSAS

## Department of Finance and Administration

### EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM

1.  Yes  No Are you a **current** or **former\*** state employee?
2.  Yes  No Are you a **current** Constitutional Officer\*\* or Arkansas General Assembly member?
3.  Yes  No Are you the spouse of a **current** Constitutional Officer\*\* or Arkansas General Assembly member?  
▶ If "Yes," give **spouse's name & office.**
3. a.  Yes  No If "Yes," is your expected salary above the pay grade 13, level IV?
4.  Yes  No Are you a **former\* member** or the **spouse** of a **former member** of the Arkansas General Assembly?  
▶ If "Yes," give **member or spouse's name & office.**
4. a.  Yes  No If "Yes," did you serve or did your spouse serve within the last 24 months?
4. b.  Yes  No If "Yes," within the 24 months prior to your leaving office or your spouse leaving office, was the position for which you are being considered created by legislative action, or if the maximum salary level increased by more than 15%, was this authorized by legislative action?
5.  Yes  No Are you a **relative†** of the Public Official‡ in charge of the agency in which you are applying?  
▶ If "Yes," give **relative's** name, position or office & relationship.
6.  Yes  No Are you a **relative† (other than the spouse)** of a Constitutional Officer or an Arkansas General Assembly member or are you a **relative†** of a state employee, state board or commission member?  
▶ If "Yes," give **relative's** name, position or office & relationship.
7.  Yes  No If you checked "Yes" in #6 above, does this relative† work within the state agency in which you are applying?
- 7.a.  Yes  No If "Yes", is the position for which you are applying in the direct line of supervision of your relative or will the position be a supervisory employee of the relative.

\* Former is defined as within the last 24 months.

\*\*Constitutional Officer: Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner.

†Relative includes: husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, half-sister, half-brother, sister-in-law, brother-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, aunt, uncle, first cousin, niece or nephew.

‡Public Official includes constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.

*I understand that to be eligible for employment with the State of Arkansas, I must be in compliance with Governor's Executive Order 98-04, Governor's Policy Directive No. 8 and Arkansas Code Annotated (ACA) §21-8-304, which state, in part, that, while employed as a state employee, I cannot enter into any Professional Services Contract or Consultant Service Contract with any state agency unless I am providing Nursing Services and contracting with the Department of Health & Human Services. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative under ACA §25-16-1002. If I am hired and it can be proven I falsely disclosed or failed to disclose information I could be subject to criminal, civil and/or administrative remedies. I assert that I have answered the above questions to the best of my knowledge.*

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Signature of Applicant with Date

\_\_\_\_\_  
Social Security Number

Rev. 2/18/16

## EQUAL EMPLOYMENT DATA

This section is designed to collect information which will be used in the completion of various state and federal reports and will not be used in the processing of, or remain part of, your application. The completion of this section is voluntary. This page must be returned, even if left blank.

**Applicant's Name:**

**Social Security Number:**

**Date of Birth:**

**Gender:**  Male  Female

**Check one of the six (6) listed which you consider yourself to be:**

- White (Descendant of the original peoples of Europe, North or South Africa, or the Middle East).
- Black (Descendant of the black racial groups in Africa).
- American Indian or Alaskan Native (Descendant of any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition).
- Asian or Pacific Islander (Descendant of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands).
- Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture origin, regardless of race).
- Two or more races (excluding Hispanic)

**Military History**

If you believe you may be eligible for veteran's preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans preference. Under certain conditions spouses, widows, or widowers of qualified veterans may also be eligible for veterans preference. For consideration of veterans preference, proof such as a DD-214, current letter from the Veterans Administration, or other official documentation may be required.

Have you served on active duty in the United States military, excluding Active Duty for Training (AcDuTra) and Reserve Military Annual Training (AT)?  Yes  No

Branch of service:

Date of entry:

Date of discharge:

Type of discharge:

**How did you learn of this job opening?**

- Newspaper Please specify
- Employment Security Department
- PTC Job Vacancy announcement or Internet Web site
- Educational Institution Name of Institution:
- Other Explain:

**Thank you for applying to**

**University of Arkansas -  
East Arkansas Community College**



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