



Application for Employment

Arkansas Pregnancy Resource Center/St. Joseph's Helpers is an equal opportunity employer.

Date of Application _____ Position (s) Applied For _____

Date Available to Start Employment _____ Salary Desired _____

Type of Employment Desired: Full-time Part-time Temporary

Personal Information Phone: _____ Email: _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

1. If less than 18 years of age, can you furnish a work permit? Yes No
2. Have you ever been employed with this company before? Yes No
If yes, give date: _____
3. Are you currently employed? Yes No
If yes, may we contact your present employer? Yes No
4. Can you provide documentation to establish eligibility for employment?
As required by the INS? Yes No
(Proof of citizenship or immigration status will be required upon employment.)
5. Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please state nature of offense, when, where and disposition:



Education/Training

	Name & Location	Circle last year completed	Graduate?	Major/Degree Received
High School		9 10 11 12	Yes No	
College		1 2 3 4	Yes No	
Nursing, Trade, Business, etc.		1 2 3 4	Yes No	
Graduate Degree		1 2 3 4	Yes No	

What is your reason for seeking employment here?

Special Study/Internship/Research/Honors received:

Job Related Skills (licenses):

Job Related Activities/Professional Memberships/Offices held:



Please provide at least three employment references.

1 Telephone
Name: _____ : _____
Address: _____
Relationship and years acquainted: _____

2 Telephone
Name: _____ : _____
Address: _____
Relationship and years acquainted: _____

3 Telephone
Name: _____ : _____
Address: _____
Relationship and years acquainted: _____

4 Telephone
Name: _____ : _____
Address: _____
Relationship and years acquainted: _____



Employment Experience

Start with your most recent job. Include job related military service assignments and volunteer activities. (You may exclude organization names that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.)

1.	Employer:	From:	To:
	Address:	Ending Salary/wage	Job Title:
	Phone Number:		Supervisor:
	Work Performed:	Reason for Leaving:	
2.	Employer:	From:	To:
	Address:	Ending Salary/wage	Job Title:
	Phone Number:		Supervisor:
	Work Performed:	Reason for Leaving:	
3.	Employer:	From:	To:
	Address:	Ending Salary/wage	Job Title:
	Phone Number:		Supervisor:
	Work Performed:	Reason for Leaving:	

If you need additional space, please continue on a separate sheet of paper.

Applicant's Pre-employment Statement. Please read carefully and sign the statement below.

Last updated 3/18/20



I understand and agree that:

1. The information given herein is true and complete to the best of my knowledge. Any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.
2. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision (including employment reference checking and background/credit check). I release my prospective employer and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any employment decisions based upon such information.
3. This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.
4. Neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing. If I am hired, my employment will be “at will” and without fixed term and may be terminated at any time.
5. I am required to abide by all rules and regulations of the employer. I understand also, that I must be willing and able to demonstrate commitment to the mission and vision of the Arkansas Pregnancy Resource Center as outlined in its Mission and Vision Statements, its core operational values as outlined in the APRC Commitment of Care and Competence, and in my execution of position responsibilities as outlined in the job description for the position for which I am applying.
6. Completing this form does not indicate there is an available position and does not obligate the Company to hire me.

Signature of Applicant _____

Date _____