



# Easter Seals Application for Employment

All applicants will be considered for employment based on their qualifications. Easter Seals does not unlawfully discriminate on the basis of race, color, religion, national origin, age, gender, or disability.

## Personal Data (Please print in ink)

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Alternate Contact Number Between 8 am and 5 pm (\_\_\_\_) \_\_\_\_\_

**Work Preference** (Check all applicable) Full --time  Part--time  Regular  Temporary

Are you willing to work as required? Days yes no Evenings yes no Nights yes no Saturdays yes no Sundays yes no Holidays yes no

**Position(s) applied for** \_\_\_\_\_  
(List only those positions for which you are qualified and are currently open)

## Recruiting Source

What prompted you to apply? (Check box and list source)  Advertisement \_\_\_\_\_  Agency \_\_\_\_\_  Employee Referral \_\_\_\_\_  ESD \_\_\_\_\_  Internet \_\_\_\_\_  Job Fair \_\_\_\_\_  School \_\_\_\_\_  Other \_\_\_\_\_  voluntary/walk in

Have you previously applied for a job with Easter Seals? yes no If yes, when? \_\_\_\_\_

Have you previously worked for Easter Seals? yes no If yes, when? \_\_\_\_\_

Do you have any relatives employed with Easter Seals? yes no If yes, list name of relative and department. \_\_\_\_\_

Are you legally authorized to work and remain in the United States? yes no

Are you less than 18 years of age? yes no

## Education

Name/Location	Diploma/Degree Received	Important Courses	Years/Credits completed
High School			
College(s)			
Other			

If you are required or expected to have a license or certificate for the position which you are seeking, please state whether your license or certificate has ever been revoked, suspended, placed on probation or otherwise limited, and if so, the circumstances involved. \_\_\_\_\_

Professional Licenses or Certificates received: \_\_\_\_\_

Indicate any other specific skills you have which are related to the job for which you are applying \_\_\_\_\_

**Present and Prior Employment**

Indicate ALL employment within the last 7 years.  
 (If your employment history includes more than 4 jobs,  
 Please obtain a copy of this page and attach as necessary.)

Have you used another name that would enable us to verify  
 your educational or work history? yes no  
 If yes, what name? \_\_\_\_\_

List most recent job first.

Company Name	From Mo.	Yr.	To Mo.	Yr.	May we contact? ( ) yes ( ) no Telephone No.
Company Address					Last base rate of pay \$
Type of Business	Present or last position				
Name of Supervisor	Reason for leaving				
Briefly describe your duties					

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Name of Supervisor	Reason for leaving				
Briefly describe your duties					

Please explain any gaps in employment history:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal References** List at least three responsible adults who are not relatives or former employers.

Name	Address	Telephone No.	Occupation

**Convictions**

Conviction of a crime, other than a minor traffic violation, may disqualify you from employment with Easter Seals. Disqualification depends upon the relationship of the crime to the position for which you are applying. Please indicate whether you have been convicted of a crime. yes no If yes, explain: \_\_\_\_\_

**Important Applicant Information**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all references named in this application (and accompanying resume, if any) whether personal or employment to provide Easter Seals with any and all information they may have, personal or otherwise, which will enable Easter Seals to arrive at an employment decision. I do hereby release and discharge any and all such parties, including Easter Seals, from any and all claims that I may now have or that may arise in the future.

**If employed, I understand that I will be an employee “at will” and either Easter Seals or I may terminate my employment relationship at any time with or without notice for any reason which is not a violation of the law.**

All offers of employment are contingent upon successful completion of a background investigation, which includes a criminal history check, clearance by the child maltreatment central registry and a drug/alcohol screen conducted at Easter Seals’ expense.

Any applicant may refuse to undergo drug/alcohol testing, but such refusal shall disqualify the person for employment with Easter Seals. Moreover, by completing this application for employment, I specifically consent to such testing. I understand that based on the results of such application and/or testing, or my refusal to consent to or cooperate with testing, Easter Seals may cease to process my application for employment, or, if I am already employed, to retain me as an employee.

My signature below authorizes Easter Seals to check past employment references and to obtain a criminal history report to help evaluate me as a potential employee. I understand that Easter Seals may obtain information about my character, my general reputation, and personal characteristics, and that this information may be obtained, in part through personal interviews with friends, neighbors and associates. I understand that I have the right to request a written report of the complete nature and scope of the criminal history report.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT INFORMATION.**

I certify that I have read, fully understood and accept all terms of the above applicant information.

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

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

\_\_\_\_\_  
Date

**This section is optional. It is designed to collect information which will be used in the completion of various state and federal affirmative action reports and will not be used in the selection process or remain part of your application.**

Check one of the five listed which you consider yourself to be:

**White, not Hispanic**—(A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

**Black, not Hispanic**—(A person having origins in any of the black racial groups of Africa.)

**Hispanic**—(A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin regardless of race.)

**American Indian or Alaskan Native**—(A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.)

**Asian or Pacific Islander**—(A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.)

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male  Female

# NOTICE TO ALL APPLICANTS

After completing an application, it will be reviewed by Human Resources, and qualified applications will be forwarded to the department supervisor. If you are one of the candidates being considered, you will be contacted by the department supervisor for an interview within 30 days of application. If you are not contacted, you may reapply for any open positions for which you are qualified. **Please do not contact any Easter Seals staff member regarding the status of your application.**

Applications must be filled out completely before they will be processed by Easter Seals Arkansas Human Resource Department. Incomplete applications will be held in the receptionist area for 3 days. Please be advised that if you fail to return and fully complete the application within 3 days, your application will be filed as inactive and you must reapply for any future openings.

If hired, **all employees** are required to bring the following documentation on your first day of work:

You must bring one original document in list A **and** one original document in list B:

## List A

Driver's License  
Identification Card  
School ID  
Voter's Registration Card  
US Military Card

## List B

US Social Security Card  
Birth Certificate  
Native American tribal document  
ID Card for Resident Citizen  
Unexpired employment authorization

If you do not have one document from each list above, you may use one original document from list C to verify employment eligibility:

## List C

US Passport  
Certificate of US Citizenship  
Certificate of Naturalization  
Unexpired Temporary Resident Card

These documents are required before you are allowed to begin working for Easter Seals.

## ***NOTICE:***

All Easter Seals employees are required to undergo a criminal records check and a child maltreatment and adult abuse registry check. After accepting an offer of employment, you will be required to complete the necessary paperwork to comply with the criminal records check. Continued employment with Easter Seals is contingent upon receiving a satisfactory criminal records check.

## **STATE AND NATIONAL CHECKS**

For all employees in the children's rehabilitation center, preschool, adult services, or community services programs, a state and national FBI records check and a fingerprint card will be completed on the first day of employment.

## ***Acknowledgement***

I acknowledge that I have read and understand the documentation that I am required to submit on my first day of employment. I understand that I will not receive a paycheck until proper documentation and a completed fingerprint card (if required) is completed with Human Resources. I also understand that continued employment with Easter Seals is contingent upon receiving a satisfactory criminal records check.

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

\_\_\_\_\_  
Date

**EASTER SEALS ARKANSAS  
ACKNOWLEDGMENT OF DRIVER REQUIREMENTS  
AND AUTHORIZATION FOR RELEASE OF DRIVER'S RECORDS**

**Employee Acknowledgment**

The undersigned, \_\_\_\_\_, is employed with Easter Seals Arkansas, and during employment may operate a privately owned vehicle or vehicle owned, leased or loaned to Easter Seals Arkansas.

Employee certifies to Easter Seals Arkansas that he or she has attained the age of 18 and has a valid driver's license not under revocation or suspension or any other restriction. The employee agrees to comply with the following:

1. To maintain valid liability and property insurance with limits of the state's minimum coverage requirements on a privately owned vehicle used to transport children or adults served by Easter Seals Arkansas  
 Copy of Proof Insurance
2. To consent to motor vehicle records (MVR) checks upon hire and semi-annually, thereafter.  
 Authorization signed
3. To abide by all safety regulations.
4. To meet Easter Seals Arkansas standards for driving vehicles.
5. To abide by all traffic laws while driving for Easter Seals Arkansas, recognizing that the employee is never to violate safety or traffic laws while operating a vehicle while doing business for Easter Seals Arkansas.
6. To report promptly any traffic citation, accident, and/or conviction or change in driver's license status, whether incurred during or outside employment, to the employee's immediate supervisor.
7. To report all accidents, including any injury, to the employee's immediate supervisor and the VP of Administration and Finance, regardless of whether there is apparent damage and/or injury. A vehicle accident form must be completed for any accident involving an Easter Seals Arkansas vehicle and submitted within 24 hours of the accident to the VP of Administration and Finance.

The undersigned acknowledges that he or she has reviewed and understands the Employee Driver Safety policy and procedures of Easter Seals Arkansas and agrees to comply with its provisions.

The undersigned certifies that all information provided to Easter Seals Arkansas is true and accurate to the best of his or her knowledge.

In accordance with Arkansas Code Sections 27-50-901 et seq., the undersigned employee authorizes the release of his/her driver's records from the Office of Driver Services to the following: Easter Seals Arkansas; Ramsey, Krug, Farrell & Lensing and insurance carriers with which Easter Seals Arkansas has coverage.

Driver's Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Driver's License Expiration Date \_\_\_\_\_ Issuing State: \_\_\_\_\_  Copy of Driver's License  
Program(s): \_\_\_\_\_  
Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**THIS IS NOT A CONTRACT OF EMPLOYMENT**

**Revised 4/8/2010**



## DRUG/ALCOHOL TESTING NOTICE

All applicants will be required to take a drug and alcohol test within 48 hours after a job offer is made.

You will be required to go to the test site within the time specified on the authorization form that you will receive from Human Resources. You must have a picture ID and the authorization form with you when you arrive at the test site.

You will have a breath alcohol test and a urine drug test. You will be required to complete the tests at the time you arrive. Therefore, be prepared to stay and provide a complete urine sample. You will not be allowed to return at a later time once you have begun the tests.

If you do not take the tests within 48 hours of the job offer or do not stay to complete the tests, your offer of employment will be rescinded and you will not be eligible for re-employment with Easter Seals Arkansas.

All offers of employment are contingent upon successful completion of the tests.

I have read the above notice and agree to adhere to this policy if an offer of employment is made.

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

\_\_\_\_\_  
Date



## Employment/Personal Reference Form

Easter Seals Arkansas  
3920 Woodland Heights Rd  
Little Rock, AR 72212  
Phone: 501-227-3600 Fax: 501-227-3601

Applicant Consent to Contact References:

I acknowledge that I have made application with Easter Seals Arkansas. I hereby give consent to any and all prior employers to provide information to Easter Seals Arkansas with regard to my employment. I also give consent to any personal reference to provide a character reference to Easter Seals Arkansas. I authorize any DDS or Long Term Care facility to release information to Easter Seals about my previous employment, even if the facility is not listed on my application.

Applicant Name Printed: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

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