



*A Whole-Child Approach  
to Educational Development*

## APPLICATION FOR EMPLOYMENT

*We sincerely appreciate your interest in seeking employment with us. The questions asked on this application are designed to give us related information in considering you for employment. Any applicant who provides unrequested information will be rejected.*

### PERSONAL INFORMATION

Full Name _____	Social Security No. _____
Street Address _____	Phone Number ( ____ ) _____
City • State • Zip Code _____	
Is there another phone number at which you may be reached? _____	
How were you referred to us? _____	
Are you at least 18 years of age? Yes or No _____	
Please indicate any immediate family members working for or have worked for the Center _____	

### POSITION OF INTEREST

For what position are you applying? _____	
Starting salary you are seeking? \$ _____ Per _____	When could you begin employment? <input type="text"/>
For what type of employment are you applying? (full or part time) _____	
Are there any limitations as to days/hours you are able to work? _____ If yes, please note the days/hours you would not be able to work. <input type="text"/>	
Please list any special training, skills, or experience you may have that qualify you for the position for which you are applying. _____ _____	

### EMPLOYMENT HISTORY

Have you ever worked for us before? _____	If yes, from <input type="text"/> to <input type="text"/>
May we contact your present employer? _____	May we contact you at your present employer? _____
Have you lived outside of the state of Arkansas for any period during the past six years? <input type="text"/>	
Please list employment history for at least the past seven (7) years in chronological order with most recent position first. (If your present or last job held was more than 7 years, include previous job held.) Please use additional sheet if you need more space to note the required job history. _____ _____	
Present or Last Employer _____	Name & Title of Supervisor _____
Address _____	Phone No. _____
Dates: From <input type="text"/> To <input type="text"/>	Salary \$ _____ \$ _____
(month and year)	(month and year) Beginning End

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_  
Briefly describe duties performed: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dates: From  To  Salary \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(month and year) (month and year) Beginning End  
Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_  
Briefly describe duties performed: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dates: From  To  Salary \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(month and year) (month and year) Beginning End  
Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_  
Briefly describe duties performed: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dates: From  To  Salary \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(month and year) (month and year) Beginning End  
Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_  
Briefly describe duties performed: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**GENERAL INFORMATION**

Has a court ever denied you parental custodial or visitation rights as a result of child maltreatment? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been convicted of any of the following: \_\_\_\_\_

1) Capital murder; 2) 1<sup>st</sup> or 2<sup>nd</sup> degree murder; 3) Manslaughter; 4) 1<sup>st</sup> or 2<sup>nd</sup> degree battery; 5) Aggravated assault; 6) 1<sup>st</sup> degree terroristic threatening; 7) Kidnapping; 8) 1<sup>st</sup> degree false imprisonment; 9) Permanent detention or restraint; 10) 1<sup>st</sup> / 2<sup>nd</sup> degree rape or carnal abuse; 11) 1<sup>st</sup>/2<sup>nd</sup> degree sexual abuse; 12) 1<sup>st</sup>/2<sup>nd</sup> degree violation of a minor; 13) Incest; 14) 1<sup>st</sup> degree endangering of a minor; 15) Permitting child abuse; 16) Engaging children in sexually explicit conduct for the use in visual or print; medium, transportation of minors for prohibited sexual conduct, use of a child or consent to use of a child in sexual performance, by producing, directing, or promoting sexual performance by a child; 17) Criminal attempt, criminal solicitation or criminal conspiracy to commit any of the above offenses; 18) Distribution to minors, (of any controlled substance); 19) Manufacture, delivery, or possession with intent to deliver or manufacture of any controlled substance; and, 20) Carnal abuse in the third degree; 21) Sexual solicitation of a child; 22) Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child; 23) Negligent homicide; 24) Assault in the third degree; 25) Coercion; 26) Sexual misconduct; 27) Public sexual indecency; 28) Indecent exposure; 29) Endangering the welfare of a minor in the second degree; 30) Any felony or misdemeanor involving violence or sexual misconduct.

Do you have documentation of an annual TB skin test?

Are you authorized to work in the United States?

If not, please indicate the type of alien certification you have, as required for work by federal law

**SIGNATURE**

- (1) WE MAKE NO PROMISE OF EMPLOYMENT BY OFFERING THIS APPLICATION FORM OR ACCEPTING YOUR WRITTEN RESPONSE.
- (2) NO ONE IS AUTHORIZED TO OFFER YOU EMPLOYMENT WITH US EXCEPT IN WRITING. DO NOT MAKE OR CHANGE ANY PLANS BASED ON WHAT ANYONE TELLS YOU ORALLY.
- (3) ANY EMPLOYMENT WE MAY OFFER YOU WILL BE TERMINABLE AT WILL. THIS MEANS YOU CAN QUIT ANYTIME. IT ALSO MEANS WE CAN TERMINATE YOU AT ANY TIME, WITH OR WITHOUT CAUSE.
- (4) BY COMPLETING THIS APPLICATION AND SIGNING BELOW, YOU AUTHORIZED US TO INVESTIGATE YOUR QUALIFICATIONS AND TO MAKE INQUIRIES ABOUT YOU GENERALLY. YOU ALSO AUTHORIZE US TO SHARE THIS APPLICATION AND ITS CONTENTS WITH OUR EMPLOYEES AND ANY OUTSIDE AGENCIES OR REPRESENTATIVES WE DEEM APPROPRIATE. IF THERE IS ANYONE YOU DO NOT WANT US TO CONTACT, PLEASE TELL US IN WRITING.
- (5) BY SIGNING BELOW YOU ARE AFFIRMING THAT THE STATEMENTS YOU MAKE IN THIS APPLICATION, PLUS ANY ADDITIONAL WRITTEN AND ORAL INFORMATION YOU PROVIDE US ABOUT YOURSELF (SUCH AS RESUME OR INTERVIEW) ARE TRUE, AND THAT YOU HAVE NOT OMITTED ANYTHING ABOUT YOURSELF THAT MIGHT BE IMPORTANT TO US IN DECIDING WHETHER TO HIRE YOU. YOU UNDERSTAND THAT ANY FALSE STATEMENT OR MATERIAL OMISSION IS SUFFICIENT GROUNDS FOR US TO REJECT THIS APPLICATION OR TERMINATE YOUR EMPLOYMENT SHOULD YOU BE HIRED.

Date

Signature of Applicant

**BACKGROUND REPORT**

I hereby acknowledge and authorize as part of the pre-employment process Helen Walton Children's Enrichment Center to obtain a criminal background report of convictions, including FBI fingerprinting.

You have a right within a reasonable period of time to request the source of our information.

Date

Signature of Applicant

**DRUG SCREENING**

I hereby give consent to undergo drug screening as part of the pre-employment process and understand that the results thereof will be used to further determine my eligibility for employment. I further understand that if a detectable presence of illegal drug(s) is revealed as a result of the screening procedures, I will be disqualified from further hiring consideration.

Date

Signature of Applicant

Social Security No.

**WE DO NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, DISABILITY OR ANY OTHER FACTOR PROHIBITED BY LAW OR REGULATION. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.**



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## WRITTEN INTERVIEW QUESTIONS

*(To be completed by Applicant just prior to interview)*

**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

1. Why do you want to work at the Helen R. Walton Children's Enrichment Center?

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2. What three qualities or attributes do you possess that would best benefit you in providing excellent childcare?

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3. What is the greatest challenge you have ever faced?

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4. What do you feel is important when dealing with others at the work place?

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5. What do you feel best qualifies you for this job?

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6. What age children do you prefer to work with and why?

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### OPTIONAL

I now receive the following benefits:

Child Care      Yes     No   
If Yes, what is the dollar amount: \$ \_\_\_\_\_

Insurance        Yes     No   
If Yes, what is the dollar amount: \$ \_\_\_\_\_

Retirement/Annuity    Yes     No   
If Yes, what is the dollar amount: \$ \_\_\_\_\_

Other Benefits: \_\_\_\_\_



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## EMPLOYMENT REFERENCE CONSENT

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

Social Security Number:

I, \_\_\_\_\_, hereby give consent to any and all prior employers of mine, and to my current employer, to provide information with regard to my employment with any prior or current employers to Helen R. Walton Children's Enrichment Center.

This consent is valid for a period of six months from the date on which the applicant signs this consent. A copy of this form shall serve as an original.

Signature of Applicant:  Date:

### Instruction to Current/Former Employer

The individual named above has applied for employment with the Helen R. Walton Children's Enrichment Center. Please respond candidly and completely to the requests for information listed below and return your written responses via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Arkansas Act 1474 of 1999, and similar Oklahoma Statutes, to provide current and former business employers with protection for providing job information about current or former employees to prospective employers.

### PLEASE RETURN THE INFORMATION TO:

Helen R. Walton Children's Enrichment Center  
Attn: Human Resource Manager  
1701 NE Wildcat Way, Bentonville, AR 72712  
Phone: 479-273-3552, Fax: 479-271-6803

1. Date and duration of employment: \_\_\_\_\_
2. Current or last rate of pay and wage history: \_\_\_\_\_
3. Current or last job description and duties: \_\_\_\_\_  
\_\_\_\_\_
4. The details of the applicant's last written performance evaluation prepared prior to the date the applicant signed this consent (see date above): \_\_\_\_\_  
\_\_\_\_\_
5. Attendance history (excluding any qualifying leave under FMLA): \_\_\_\_\_  
\_\_\_\_\_
6. Was his/her separation from employment voluntary or involuntary? \_\_\_\_\_
7. Is the applicant eligible for rehire?  Yes  No

Printed Name and Title of Employer Representative Providing Information

Signature

Date

Phone Number



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## APPLICANT OVERVIEW SHEET

*(To be completed by Helen R. Walton Children's Enrichment Center  
after interview with applicant)*

APPLICANT NAME

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POSITION APPLIED FOR

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INTERVIEWED BY

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

COMMENTS

If applicant was not selected, please state reason(s):

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**IF APPLICANT IS HIRED, HELEN R. WALTON CHILDREN'S ENRICHMENT CENTER MANAGER/SUPERVISOR SHOULD  
COMPLETE THIS INFORMATION AFTER THE APPLICANT HAS OFFICIALLY BEEN HIRED.**

Starting Date \_\_\_\_\_ Job Position/Title \_\_\_\_\_ Department \_\_\_\_\_

Starting Wage or Salary \$ \_\_\_\_\_  Exempt/Salary  Non-Exempt/Hourly Wage  Full-Time  Part-time

All pre-employment steps including: references checked, drug screen initiated, have been followed and employment is approved by:

\_\_\_\_\_

Hiring Manager/Supervisor