

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
Application for Employment

Last Name First Name Middle Name

Address City County State Zip Code

Home Phone No. Work Phone No. Emergency Phone No.

List title(s) of position(s) for which you are applying. (See job announcement.)

Title No. 1 Title No. 2

Read the following instructions before completing application:

You must furnish all requested information. Please use a typewriter or print legibly in ink. Write "NA" (not applicable) for those that do not apply. Do not submit resume in lieu of any part of application.

CITIZENSHIP STATUS

Are you currently authorized to work in the United States? Yes No

What is your current status? US Citizen Permanent Resident Other _____
(Please Specify)

EMPLOYMENT AVAILABILITY

Will you accept employment anywhere within the state? Yes No

If no, where would you accept employment? _____ Indicate availability for overnight travel:

Date available for employment: _____
mm/dd/yy Not available for overnight travel
 1 to 5 nights per month
Lowest salary you will accept: _____ 6 to 10 nights per month
 11 or more nights per month

LICENSES & CERTIFICATIONS

Do you have a current and valid driver's license? Yes No License Number: _____

Do you have a commercial driver's license? Yes No If yes, which class is it? A B

List any other licenses held, such as registered professional engineer, registered land surveyor, pesticide use and application license, CDL endorsements, or others: _____

EDUCATION RECORD

Are you a high school graduate? Yes No If not, do you have a GED? Yes No

If not a high school graduate or GED, what is the highest grade completed?

List all colleges, universities, trade/vocational, or other schools attended:

Name of School & Location	Dates Attended	Degree Awarded	Major/Minor	No. Hours Completed	Date Graduated

SPECIAL SKILLS

What office equipment have you been trained to operate (keyboarding, 10-key, etc.)? _____

Computer experience? Please list specific software with which you are familiar. _____

WORK HISTORY

List below prior work experience. If there is not enough space provided, use a separate sheet to continue. Begin with current or most recent job and work back. Include volunteer work as part of the work history.

Employer: _____

Employment Dates:

Supervisor: _____ Phone: _____

From: _____ To: _____

mm/yy

mm/yy or "Present"

Name under which employed: _____

Full-Time or Part-Time:

Location: _____

Your job title: _____

Salary Information:

Your job duties: _____

Beginning: \$ _____

Reason for leaving: _____

Ending: \$ _____

Employer: _____

Employment Dates:

Supervisor: _____ Phone: _____

From: _____ To: _____

mm/yy

mm/yy or "Present"

Name under which employed: _____

Full-Time or Part-Time:

Location: _____

Your job title: _____

Salary Information:

Your job duties: _____

Beginning: \$ _____

Reason for leaving: _____

Ending: \$ _____

Employer: _____

Employment Dates:

Supervisor: _____ Phone: _____

From: _____ To: _____

mm/yy

mm/yy or "Present"

Name under which employed: _____

Full-Time or Part-Time:

Location: _____

Your job title: _____

Salary Information:

Your job duties: _____

Beginning: \$ _____

Reason for leaving: _____

Ending: \$ _____

REFERENCES

List three persons who are NOT related to you and have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not list names of former supervisors.

Full Name	Address	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEPOTISM POLICY

It is the official policy of the Highway Commission that no immediate family member of any employee shall be authorized for employment with the Department.

Does the Arkansas State Highway and Transportation Department employ any relative of yours (by blood or marriage)?

Name	Relation	Division/District
_____	_____	_____
_____	_____	_____

Have you ever been employed by the Arkansas State Highway and Transportation Department?

Yes No

If yes, give name under which employed and dates of service: _____

If you wish, you may make comments concerning your qualifications for the job(s) for which you are applying or explain your response to any of the questions you completed on this application. These comments may include details concerning your past work, reasons for leaving former jobs, and other information which may be helpful in evaluating your application for employment.

THIS APPLICATION MUST BE SIGNED.

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.

A false answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work. All information you give will be considered in reviewing your application. If you fail to answer all questions fully, you may delay consideration and lose employment opportunities.

AUTHORITY FOR RELEASE OF INFORMATION

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to verification and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, personnel staffing specialists, and other authorized employees of the Arkansas State Highway and Transportation Department for that purpose.

CERTIFICATION

I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature of Applicant

Date of Signature

U.S. MILITARY HISTORY

U.S. Service Branch _____ Rank at time of Discharge _____

Date Entered _____ Date Discharged _____

Type of discharge: Honorable Other than Honorable

Are you eligible for Veteran's Preference (see information below): YES NO

If yes, indicate the number of the preference eligibility category that applies to you (see categories 1-6 below).

(The required documentation must be attached in order to receive preference)

VETERAN'S PREFERENCE

If you believe you may be eligible for veteran's preference consideration, complete this section. The Arkansas Veteran's Preference Act states specific requirements, which must be met in order to be eligible for veteran's preference. Under certain conditions spouses, widows, or widowers of qualified veterans may also be eligible for veteran's preference.

CATEGORY	PROOF REQUIRED (see below)
1. Service connected disabled war veterans.	A, B
2. Spouses of service connected disabled war veterans whose disability disqualifies them for appointment to the position for which the spouse is applying.	A, B, D, F
3. Veterans over 55 years old who are disabled and entitled to pension or compensation under existing laws.	A, G
4. Spouses of veterans listed in 3 whose disability disqualifies them for appointment.	A, D, F, G
5. Honorably discharged war veterans.	A
6. Widows or widowers of honorably discharged war veterans.	C, D, E

Individuals in categories 1, 2, 3, 4 are given a higher preference by state law than individuals in categories 5 or 6. No preference will be given until copies (not originals) of the necessary documents are submitted to the Personnel Office. Please submit proof at the time of application, if possible and check "Yes" in the category above if you desire veteran's preference.

PROOF REQUIRED

- A. Honorable discharge or certificate of service
(proof indicating date of entry and date of separation, such as Form DD-214)
- B. Service connected disability (letter from Veteran's Administration dated within the last six months.)
- C. Spouse's enlistment, induction or entry on active duty
- D. Marriage license or certificate of marriage
- E. Death certificate or other acceptable proof showing date of spouse's death
- F. Affidavit showing spouse is so incapacitated that he/she is unable physically to hold position if appointed
- G. Birth certificate or other acceptable proof of veteran's age and proof of disability

NAME _____
(Please Print)

DATE _____

EEO CODE _____

AFFIRMATIVE ACTION PLAN INFORMATION

This section is designed to collect information to be used in the completion of various state and federal reports. It will NOT be used in the selection process or remain part of your application. It is the Department's policy to afford equal opportunity to all individuals regardless of race, religion, color, sex, national origin, age, disability, or political affiliation.

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

1. WHITE, NOT HISPANIC - A person having origins in any of the original people of Europe, North Africa, or the Middle East
2. BLACK, NOT HISPANIC - A person having origins in any of the black racial groups in Africa
3. HISPANIC - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race
4. AMERICAN INDIAN or ALASKAN NATIVE - A person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition
5. ASIAN or PACIFIC ISLANDER - A person having origins in any of the original people of the Far East, Southwest Asia, the Indian subcontinent, or the Pacific Islands

Applicant's Name _____

Male

Female

Social Security Number _____

Date of Birth _____