



## INSTRUCTIONS TO COMPLETE THE APPLICATION

Please download this application to your hard drive or portable (thumb) drive. Open with Adobe Reader DC. Attached is the latest version of Adobe Reader free to download.

<https://get.adobe.com/reader/>. Please save your work after completing the application and adding your documents. Time and Date Stamped Digital signatures are acceptable.

Once you have opened this Application in Adobe Reader DC, follow these directions to add requested files:

- 1.) Click on the paperclip on the left to open the left-hand pane.
- 2.) Click on the "Add a new attachment icon".
- 3.) Navigate to your files.
- 4.) Attach your file.
- 5.) You may attach all files you wish before signing electronically.



## APPLICATION FOR EMPLOYMENT

An application must be completed for each position you are applying. Applications listing more than one position will be considered for the first named position. Please answer all questions which apply, otherwise, indicate it is Not Applicable by denoting N/A. Résumés or Curriculum Vitae may be added to the application at the end. ***You will need to save your application after the electronic signature. Save in the following format: Last Name\_First Name\_Middle Initial***

## EQUAL EMPLOYMENT OPPORTUNITY

SouthArk does not discriminate on the basis of age, race, color, creed, gender, religion, marital status, veteran's status, national origin, disability, or sexual orientation in making decisions regarding employment, student admission, or other functions, operations, or activities.

The college is in compliance with titles VI and VII of the Civil Rights Act of 1964; title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; and the Americans with Disabilities Act of 1990 (ADA), and all other federal and state laws related to equal opportunity practices.

**PERSONAL INFORMATION**

1 Position applying for (Specific Job Title): \_\_\_\_\_

2 Name: \_\_\_\_\_

3 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

4 Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

5 Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile (Cell): \_\_\_\_\_

6 Date available to start work: \_\_\_\_\_

7 Would you consider part-time work? Yes  No

8 Have you ever worked for SouthArk before? Yes  No

If yes, what department and when? \_\_\_\_\_

\_\_\_\_\_

9 Have you ever been employed by another Arkansas state-supported college, university, or a state agency?

Yes  No

If yes, what institution or agency and when: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10 Do you have relatives employed by SouthArk? Yes  No

If yes, list their name(s): \_\_\_\_\_

\_\_\_\_\_

11 Have you been convicted of a felony, misdemeanor, or deferred adjudication? Yes  No

If yes, list offense and date of conviction (conviction will not necessarily disqualify applicant from employment). \_\_\_\_\_

\_\_\_\_\_

12 Do you have a valid driver's license? Yes  No

13 References: Give name, address and phone number of three references not related to you and who are not previous or current employers.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

14 List below high schools, colleges, universities, trade/vocational, or others attended:

Name and Location	Degree/ Years Completed	Graduated Yes/No	Diploma Awarded	Major/Minor
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

15 List your professional license(s) or certificate(s) relevant to position for which you are applying. Give license type, or certificate number, date of expiration, and state(s):

Click or tap here to enter text.

- 16 List machines/equipment you can operate (include software or any other skills or qualifications relative to the job for which you are applying:

Click or tap here to enter text.

## EMPLOYMENT HISTORY

17. Starting with your most recent employer, list ALL previous employers. Include self-employment, summer, and part-time jobs.

May we contact your current employer(s)? Yes  No

May we contact your former employer(s)? Yes  No

- 18: Have you ever been discharged, laid-off, or otherwise forced to resign from employment for any reason? Yes  No

If yes, please explain.

Click or tap here to enter text.

19. Employment:

A. Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties: Click or tap here to enter text.

FT  PT  No. of Hrs. \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

B. Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties: Click or tap here to enter text.

FT  PT  No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

C. Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties: Click or tap here to enter text.

FT  PT  No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

D. Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties: Click or tap here to enter text.

FT  PT  No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

E. Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties: Click or tap here to enter text.

FT  PT  No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper. You may upload the information at the end of this application prior to submittal.

Explain any gaps in work history:

Click or tap here to enter text.

## CERTIFICATION

20. Placing a check mark by each statement indicates that I acknowledge I read and understand the statement:

All jobs require special background checks, criminal history checks, child maltreatment check (if dealing with individuals less than 18 years old), drug screening and/or driver's records review as a condition of employment; and failure to meet the established requirements may lead to my rejection as an applicant.

As a condition of employment, I must submit an official copy of my transcript, certificate, or license if the position/job requires such.

My applicant data, once submitted, 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 South Arkansas Community College. If any individual is hired, he/she is an "employee at-will" and may be

terminated at any time without cause. An employee's status as an "employee at-will" cannot be changed to an "employee for a definite term" except by an agreement signed by the President of the College.

To the best of my knowledge and ability, the information on this application is true and factual. False, misleading, or incomplete statements could lead to my dismissal as an employee or rejection as an applicant and I authorize investigation of all statements contained in this application.

The College is a drug-free work environment. Any employee violating the drug-free workplace policy will be subject to discipline up to and including termination. All new employees are given a copy of the policy and are required to sign an acknowledgement form.

Employment is dependent upon satisfactory reference checks. I also understand that additional references may be checked.

If employed, I will be subject to all Local, State, Federal, Board of Trustees and South Arkansas Community College rules, regulations, policies, and procedures.

21.  I, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to South Arkansas Community College (as stated in CT1474 of 1999). The check mark at the beginning of this statement and my digital signature at the end of the application indicates I have read and consent to this provision of the application.

**How did you hear of our opening?**  employee referral  company website

job board  social media  advertisement (print/radio/TV)  recruiter

other – please explain:

## Professional Statement - Faculty and Professional Staff Only

Please indicate why you are qualified to fill the position for which you are applying. If applying for teaching position, please address issues such as program quality, academic standards, expectations for students, and professional organizations.

Click or tap here to enter text.

Certification:

I certify that all of the above statements are correct with my digital signature below.

**Faculty and Professional Applicants are requested to attach a copy of their College/University Transcript. Faculty and Professional Applicants who are hired will be required to have OFFICIAL Transcripts forwarded to South Arkansas Community College Human Resources Department. Official Transcripts and Certificates/Licenses must be on file in Human Resources before the Employee may begin work if selected for the position. The email address is [HR@SouthArk.edu](mailto:HR@SouthArk.edu) or mailed to South Arkansas Community College, Attn: Human Resources, 300 S West Ave., El Dorado, AR 71730.**



# AFFIRMATIVE ACTION REQUEST

South Arkansas Community College is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a College that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

**Gender**       Male    Female    Other

**Race or Ethnicity Identity\* (select one, see back for definitions)**

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)
- I do not wish to self-identify

**Veteran Status\*\* (see back for definitions)**

- I am a protected veteran
- I am NOT a protected veteran
- I do not wish to self-identify

**\*EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

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

**Black or African American (*not Hispanic or Latino*)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (*not Hispanic or Latino*)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or more races (*not Hispanic or Latino*)** - All persons who identify with more than one of the above races.

### **\*\*PROTECTED VETERAN DEFINITION**

**Protected veteran** means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

**Active duty wartime or campaign badge veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces service medal veteran** means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

**Disabled veteran** means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, *or* (2) a person who was discharged or released from active duty because of a service-connected disability.

**Recently separated veteran** means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

## **Voluntary Self-Identification of Disability**

### **Why are you being asked to complete this section?**

Because we receive monies from the Federal government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### **How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability).
- No, I do not have a disability
- I do not wish to answer

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this section or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**Attached Files: You may attach the files after each indicated file(s) checked below.**

- Resume or Curriculum Vitae
- Professional License/Certificate
- Cover Letter
- Letter of Recommendation
- Other

**Save your final version and submit the application by pressing the Submit button below.**

**All statements are true and accurate in details. I understand falsification of documents will negate this application and subject to termination if false statements are noted after hiring. Furthermore, I understand a State and FBI check will be performed. Having a record will not necessarily exclude a person from employment.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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