



ARKANSAS PEDIATRIC FACILITY

APPLICATION FOR EMPLOYMENT

Prospective employees shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone		Cell Phone	
Date Available	Social Security No.	Desired Salary	
Position Applied for	Desired Shift		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree _____ or <input type="checkbox"/> GED
College	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree _____
Other	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree _____

MILITARY SERVICE			
Branch		From	
		To	

Please list the names of any friends or relatives who work for this company: _____ _____
Please list the names of any relatives living at APF: _____

PREVIOUS EMPLOYMENT

Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From	To Reason for Leaving
Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	

Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From	To Reason for Leaving
Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	

Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From	To Reason for Leaving
Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	

Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From	To Reason for Leaving
Are you eligible for rehire? YES <input type="checkbox"/> NO <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	

HOW DID YOU LEARN OF ARKANSAS PEDIATRIC FACILITY? (CHECK ONE)	
<input type="checkbox"/> NEWSPAPER	NAME OF PAPER:
<input type="checkbox"/> FRIEND	
<input type="checkbox"/> EMPLOYMENT REGISTER	
<input type="checkbox"/> EMPLOYMENT AGENCY	

Disclaimer and Signature



PRE-EMPLOYMENT STATEMENT/RELEASE OF INFORMATION

(READ CAREFULLY)

The information provided in this application for employment is true, correct and complete. If employed any misstatement or omission of fact on this application may result in dismissal.

In consideration of my employment, I agree to conform to the rules and regulations of Arkansas Pediatric Facility and further agree that my employment and compensation are at the will of the Facility and can be terminated with or without cause and with or without notice, at any time, at the option of either myself or the Facility. I understand and agree that these terms can be modified by the Administrator. No supervisor, representative, agent, or employee of the Facility has now or has had in the past any authority to enter into any agreement of employment for any specific period of time, or to make any agreement which is contrary to or modification of the above terms, nor can any policies or practices of the Facility either written or oral, modify the above terms.

Should the information obtained from Arkansas Child Abuse and Neglect Registry, State or Federal background check contain documentation of substantiated abuse or neglect of a minor, or any of the 61 offenses listed by the Office of Long Term Care as prohibited by an employee, I understand my employment with Arkansas Pediatric Facility will be immediately terminated.

I hereby authorize all educational institutions which I have attended, all branches of U.S. military service in which I have served, all of my former and current employers, and all of their representatives to furnish to Arkansas Pediatric Facility or its representatives any and all information concerning my education, military services, and/or former/current employment. In addition, I hereby agree to hold harmless and to release all of said educational institutions, military services, employers and representatives from any and all claims that I may have, or which may arise against any and/or all of them, including Arkansas Pediatric Facility, as a result of their furnishing information to Arkansas Pediatric Facility.

Signature

Date

ARKANSAS PEDIATRIC FACILITY



SHIFTS FOR THE LIFE SKILL TECHNICIAN POSITION

Dear Applicant,

Thank you for your interest in the Life Skills Technician position. Please indicate your shift preference by writing 1st, 2nd, 3rd, etc. on the line next to the coordinating shift.

5:30pm-9:30pm (bath team)	Mon-Fri	_____
6:00am-2:15pm	Mon-Fri	_____
11:30am-8:00pm	Mon-Fri	_____
2:00pm-10:30pm	Mon-Fri	_____
10:15-6:45am	Mon-Fri	_____
6:00am-6:30pm	Sat-Sun	_____
6:30am-7:00pm	Sat-Sun	_____
6:00pm-6:30am	Sat-Sun	_____

PLEASE DO NOT CALL TO ASK ABOUT THE STATUS OF YOUR APPLICATION. All applications will be processed in the order they are received.

If you are contacted for an interview, please try to refrain from bringing anyone with you, especially children, as they will not be able to accompany you on the tour of the facility or the interview. We do not have facilities for them to wait on you.

Again, thank you for your interest in Arkansas Pediatric Facility.

Judy Cummings
Human Resources