

## **APPLICATION INSTRUCTIONS**

Please complete this application by typing or handwriting in black ink, then mail the application or bring it by:

Human Resources  
University of Arkansas  
Administration Building Room 222  
Fayetteville, AR 72701.

For convenience, you may also fax your completed application to (479) 575-6971 or scan and e-mail it as an attachment to [lynnf@uark.edu](mailto:lynnf@uark.edu) . To avoid any delays in processing your application, please ensure all sections are completed and that you have signed and dated it.

To continue please proceed to page 2.

Thank You,

University of Arkansas Human Resources

**State of Arkansas**  
**Statement of Selective Arkansas Service Status**  
**In Compliance with Act 228 of the 1997 Acts of the Arkansas General Assembly**

I understand that to be eligible for employment with the State of Arkansas, I must register, or be exempt from registration, with the Selective Service System in accordance with the Military Selective Service Act, 50 U.S.C. Appx. s.s. 451 et seq.

I therefore swear or affirm under penalty of perjury that I have registered with the Selective Service System, or I am exempted from such registration because of one of the following provisions of the Military Selective Service Act or Act 228 of the Arkansas General Assembly:

- I am female.
- I am a current member of the armed forces on active duty.
- I am under 18 years of age.
- I am 26 years of age or over.
- I am an exempted resident alien.
- Other (specify below).

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Signature

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Date

# APPLICATION FOR EMPLOYMENT

The University of Arkansas is an Equal Opportunity/Affirmative Action Employer

**University of Arkansas Human Resources**

222 Administration Building  
Fayetteville, AR 72701-1201

**Date of Application** \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First M.I.

**Address** \_\_\_\_\_  
Street

\_\_\_\_\_ **Home Phone** ( ) \_\_\_\_\_

\_\_\_\_\_ **Work Phone** ( ) \_\_\_\_\_

\_\_\_\_\_ **E-Mail** \_\_\_\_\_ **Alternate Phone** ( ) \_\_\_\_\_  
City State Zip

**Position(s) applying for:** \_\_\_\_\_

**Do you want to work?**       **Full Time**       **Part Time**

**Are you interested in temporary assignment with the UA ?**       **Yes**       **No**

If interested in temporary job assignment with University of Arkansas. Please indicate days and hours available for work.

Monday       Thursday       Sunday       \_\_\_\_\_ : \_\_\_\_\_ to \_\_\_\_\_ : \_\_\_\_\_

Tuesday       Friday       \_\_\_\_\_ : \_\_\_\_\_ to \_\_\_\_\_ : \_\_\_\_\_

Wednesday       Saturday       \_\_\_\_\_ : \_\_\_\_\_ to \_\_\_\_\_ : \_\_\_\_\_

EDUCATION			
High School or GED completed ? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
Select the highest level or equivalent completed.	Technical School	College	Post Graduate
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Degree & Major			
Date Received			
Institution			

SKILLS			
Please indicate your length of experience in the following areas:			
Equipment	Yrs/Mos.	Software	Yrs/Mos
10 Key Calculator		Spreadsheet	
Imaging/Scanner		Word Processing	
Typewriter <b>WPM</b>		Accounting/Bookkeeping	
Data Entry Equipment		Database Management	
Dictaphone		Web Design	
		Other (list)	Yrs/Mos

**QUESTIONNAIRE**

Can you provide proof of citizenship or authorization to work in the U.S. upon employment?       **Yes**       **No**

If you are under 18 years of age, can you provide required proof of eligibility to work?       **Yes**       **No**

Have you been convicted of a felony within the last ten years?       **Yes**       **No**

*Conviction will not necessarily prevent you from obtaining employment.*

Have you previously worked at the University of Arkansas ?       **Yes**       **No**      Employment Dates: \_\_\_\_\_

Do you have relatives employed at UA, Fayetteville?       **Yes**       **No**      If yes, what is the relationship? \_\_\_\_\_

Which department does that person work? \_\_\_\_\_

**MILITARY EXPERIENCE**

Have you served in the U.S. Armed Forces or National Guard ?       **Yes**       **No**

If yes, what branch? \_\_\_\_\_      Dates of Service: \_\_\_\_\_

Describe duties and special training. \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

**Starting with you current or most recent employer**, please give complete full-time and part-time employment history **and any other relevant work experience** (additional forms are available). **Explain any gaps in employment in the comments section below.** Volunteer experience may be listed in the absence of paid employment. If you want your resume to be sent with your application to the hiring department, you must provide a copy to Human Resources.

Employer (current or most recent)	Supervisor	(    )	Telephone
Address			
Job Title			
Duties Performed			
Start Date	/	Ending Date	/
mo./ yr.		mo./ yr.	
		Full Time	<input type="checkbox"/>
		Part Time	<input type="checkbox"/>
Reason for Leaving			

Employer	Supervisor	(    )	Telephone
Address			
Job Title			
Duties Performed			
Start Date	/	Ending Date	/
mo./ yr.		mo./ yr.	
		Full Time	<input type="checkbox"/>
		Part Time	<input type="checkbox"/>
Reason for Leaving			

Employer	Supervisor	(    )	Telephone
Address			
Job Title			
Duties Performed			
Start Date	/	Ending Date	/
mo./ yr.		mo./ yr.	
		Full Time	<input type="checkbox"/>
		Part Time	<input type="checkbox"/>
Reason for Leaving			

Comments (including any gaps in employment):	

May we contact all previous/current employers?     **Yes**     **No**    Please do not contact: \_\_\_\_\_  
 Provide any other names which you have been employed: \_\_\_\_\_

I certify that the information given herein is true and complete to the best of my knowledge. I understand that the information may be verified by a representative of the University and, in the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations.

**By signature below I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to prospective employers.**

\_\_\_\_\_ **SIGNATURE OF APPLICANT**

\_\_\_\_\_ **DATE**

## EMPLOYMENT EXPERIENCE, continued...

Please give complete full-time and part-time employment history **and any other relevant work experience**. Explain any gaps in employment in the **comments section below**. Volunteer experience may be listed in the absence of paid employment. If you want your resume to be sent with your application to the hiring department, you must provide a copy to Human Resources.

Employer (current or most recent)	Supervisor	( )	Telephone				
Address							
Job Title							
Duties Performed							
Start Date	/	Ending Date	/	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
	mo./ yr.		mo./ yr.				
Reason for Leaving							

Employer	Supervisor	( )	Telephone				
Address							
Job Title							
Duties Performed							
Start Date	/	Ending Date	/	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
	mo./ yr.		mo./ yr.				
Reason for Leaving							

Employer	Supervisor	( )	Telephone				
Address							
Job Title							
Duties Performed							
Start Date	/	Ending Date	/	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
	mo./ yr.		mo./ yr.				
Reason for Leaving							

Comments (including any gaps in employment):	_____
	_____
	_____
	_____
	_____

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

DHR # \_\_\_\_\_

**UNIVERSITY OF ARKANSAS  
222 ADMINISTRATION BUILDING  
FAYETTEVILLE, AR 72701  
(479) 575-5351**

Name \_\_\_\_\_ Position Title \_\_\_\_\_  
Last First Middle

In order to comply with regulations of the Equal Employment Opportunity Commission and the Office of Civil Rights, the University of Arkansas must report information on the disability, gender, race, and veteran status of applicants for positions. Completion of this form is **optional**. Your application will not be affected in the event that you should decline to answer the questions on this form. However, we appreciate you taking the time to complete this form and returning it with your application.

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**SECTION I**

(Please check one)

- 1. **AMERICAN INDIAN or ALASKAN NATIVE** - Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
  - 2. **BLACK, NOT OF HISPANIC ORIGIN** - Persons having origins in any of the Black racial groups of Africa.
  - 3. **ASIAN or PACIFIC ISLANDER** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. This includes, for example, China, Japan, Korea, Philippine Islands, and Samoa.
  - 4. **HISPANIC** - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
  - 5. **WHITE, NOT OF HISPANIC ORIGIN** - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
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**SECTION II**

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Disabled Veteran (any era):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Vietnam-era Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabled:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gulf War Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Other Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**SECTION III**

How did you learn about this position?

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> 1. Contacted by Department | <input type="checkbox"/> 2. Newspaper    | <input type="checkbox"/> 3. Professional Journal  | <input type="checkbox"/> 4. UofA Job Listing        |
| <input type="checkbox"/> 5. Professional Meeting    | <input type="checkbox"/> 6. Job Registry | <input type="checkbox"/> 7. Requested Information | <input type="checkbox"/> 8. Career Fair             |
|   |  |   | <input type="checkbox"/> 9. Other (friend/relative) |

If you learned about this position through a newspaper, professional journal, job registry, or other source, please list the source(s) by name: \_\_\_\_\_

U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, what type Visa do you hold?	<input type="checkbox"/> Permanent Resident Visa
				<input type="checkbox"/> Temporary Visa (F1, J1, H1B, etc.)

SIGNATURE \_\_\_\_\_