



WASHINGTON COUNTY

EMPLOYMENT APPLICATION

Washington County is an Equal Opportunity Employer.

Applications for employment with Washington County or any subdivision thereof, are accepted without regard to sex, race, color, age, religion, national origin, physical/mental disability, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment with Washington County.

Applications are taken for open positions only. If you wish to be considered for more than one position, you must submit an application for each. Applications not selected for the position will remain active for that position for three months and will be retained for one year. A record of why applicants were rejected will be retained and submitted to applicants upon request.

The Human Resources Office will forward your application to the hiring official. Inquiries as to the status of your application should be directed to the office where you are seeking employment.

www.co.washington.ar.us
479-444-1731 - FAX
479-973-8465 - PHONE

IMPORTANT!! THIS FORM MUST NOT BE RETURNED TO ANYONE EXCEPT A HUMAN RESOURCES EMPLOYEE

APPLICANT'S NAME _____ MALE _____ FEMALE _____

POSITION YOU ARE APPLYING FOR:

HOW DID YOU LEARN OF THIS POSITION?

- Employment Security Dept.
- Newspaper
- Web

- Employee referral
- Bulletin board postings
- Walk ins
- Other _____

(If marked please give source)

IMPORTANT – TO ALL APPLICANTS: TO ENABLE US TO MEET GOVERNMENT REPORTING REGULATIONS AND MAINTAIN AN AFFIRMATIVE ACTION PLAN, WASHINGTON COUNTY REQUESTS YOU TO COMPLETE THIS PERSONAL DATA FORM.

INFORMATION WILL BE USED SOLELY FOR GOVERNMENT REPORTING PURPOSES, AND WILL BE DETACHED AND KEPT SEPARATE FROM YOUR APPLICATION.

ANY INFORMATION YOU CHOOSE TO PROVIDE WILL NOT BE CONSIDERED BY WASHINGTON COUNTY FOR EMPLOYMENT PURPOSES AND WILL BE TREATED AS CONFIDENTIAL. YOUR VOLUNTARY COOPERATION IS APPRECIATED.

PLEASE CHECK ONE OF THE (5) LISTED BELOW WHICH YOU CONSIDER YOURSELF TO BE:

- WHITE:** (NOT OF HISPANIC ORIGIN) ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR MIDDLE EAST
- BLACK:** (NOT OF HISPANIC ORIGIN) ALL PERSONS HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA
- HISPANIC:** ALL PERSONS OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICA OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE
- AMERICAN INDIAN OR ALASKAN NATIVE:**
ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA, AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION
- ASIAN OR PACIFIC ISLANDER:**
ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE SUBCONTINENT OR THE PACIFIC ISLANDS

PLEASE PRINT PLAINLY IN INK AND ANSWER ALL QUESTIONS THAT APPLY TO YOU

POSITION APPLYING FOR _____ DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET OR PO BOX

_____ CITY STATE ZIP CODE

TELEPHONE _____
HOME WORK EMERGENCY

HAVE YOU BEEN EMPLOYED WITH WASHINGTON COUNTY BEFORE? _____
 HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST (7) YEARS? _____
 IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE 18 ? _____
 IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? _____
 DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT ? _____
 DO YOU HOLD A PROFESSIONAL LICENSE OR CERTIFICATION ? _____ IF YOU DO PLEASE LIST BELOW:

DO YOU HAVE RELATIVES EMPLOYED BY WASHINGTON COUNTY? IF SO, LIST THEM BELOW:

NAME RELATION EMPLOYED BY

PLEASE LIST (3) PERSONS WITH KNOWLEDGE OF YOUR WORK QUALIFICATIONS (NO RELATIVES)

NAME ADDRESS PHONE NUMBER

LIST ANY SPECIAL SKILLS HERE

Keyboarding _____ wpm Speed writing _____ wpm CDL _____
 10 key touch _____ Data entry _____ Word Perfect _____ Microsoft Word _____ Quattro Pro _____ Excel _____

Motor Grader _____ Backhoe _____ Dump Truck _____ Bulldozer _____ Crane _____ Asphalt Lay down _____
 Please list any other skills relative to the job for which you are applying.

BEYOND HIGH SCHOOL

PLEASE LIST BELOW ALL SPECIAL SCHOOLS, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED

NAME & ADDRESS OF SPECIAL SCHOOLS COLLEGES AND UNIVERSITIES	DATES ATTENDED OR GRADUATED	HOURS COMPLETED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK HISTORY

A resume may be included, if you wish, but it cannot be submitted in lieu of completing this Work History section. Please list your prior work experience, including military service and volunteer work, beginning with your most recent employer and cover the past 10 years.

1. Current or most recent employer name:		Phone:	
Type of business:			
Address:		City	State Zip
Supervisor:			
Name under which employed:			
Your job title:			
Your job duties:			
Reason for leaving:			
Employment dates from: Month / Year		Month / Year	
Average hours worked per week:	Salary:	(Lowest \$)	(Highest \$)
Please explain any time lapse:			

2. Employer name:		Phone:	
Type of business:			
Address:		City	State Zip
Supervisor:			
Name under which employed:			
Your job title:			
Your job duties:			
Reason for leaving:			
Employment dates from: Month / Year		Month / Year	
Average hours worked per week:	Salary:	(Lowest \$)	(Highest \$)
Please explain any time lapse:			

3. Employer name:		Phone:	
Type of business:			
Address:		City	State Zip
Supervisor:			
Name under which employed:			
Your job title:			
Your job duties:			
Reason for leaving:			
Employment dates from: Month / Year		Month / Year	
Average hours worked per week:	Salary:	(Lowest \$)	(Highest \$)
Please explain any time lapse:			

NOTICE TO JOB APPLICANTS
PLEASE READ!!

WE APPRECIATE YOUR INTEREST IN EMPLOYMENT WITH WASHINGTON COUNTY.

WASHINGTON COUNTY IS AN AT WILL EMPLOYER.

EMPLOYMENT WITH WASHINGTON COUNTY MAY BE TERMINATED AT ANY TIME BY THE EMPLOYEE OR THE COUNTY FOR ANY OR FOR NO REASON, WITH OR WITHOUT NOTICE. ANY AGREEMENT ABROGATING THE AT-WILL RELATIONSHIP MUST BE IN WRITING AND SIGNED BY BOTH EMPLOYEE AND EMPLOYER.

PLEASE NOTE: SOME POSITIONS REQUIRE PSYCHOLOGICAL AND PHYSICAL EXAMINATIONS, INCLUDING DRUG SCREENING.

BEFORE YOU SIGN THIS APPLICATION, CHECK OVER YOUR ANSWERS TO MAKE SURE THAT ALL THE QUESTIONS HAVE BEEN COMPLETED PROPERLY. IF THE JOB YOU ARE APPLYING FOR REQUIRES A COLLEGE DEGREE OR CERTIFICATION, A COPY OF YOUR TRANSCRIPT, CERTIFICATE OR LICENSE MAY BE REQUIRED AS A CONDITION OF EMPLOYMENT.

SIGNATURE AND CERTIFICATION OF INFORMATION

I, the below signed individual, hereby do certify that my application form and all attachments to it, contain no false information and are complete, truthful and accurate to the best of my knowledge. I understand that should an investigation disclose misrepresentation or falsification of any information on this form or its attachments, my application may be rejected and if I am already employed, I may be dismissed from Washington County employment.

SIGNATURE

DATE

ARKANSAS FREEDOM OF INFORMATION ACT

Once applications are filed, they may be subject to disclosure as part of public record under the Arkansas Freedom of Information Act (FOI).

A former employer may disclose to a prospective employer:

1. Date and duration of employment
2. Current pay rate and wage history.
3. Job description and duties.
4. The last written performance evaluation prepared prior to the date of the request, under certain circumstances.
5. Attendance information.
6. Results of drug or alcohol tests administered within 1 year prior to the request.
7. Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee.
8. Whether the employee was voluntarily or involuntarily separated from employment and the reasons for separation.
9. Whether the employee is eligible for rehire.

The current or former employer disclosing such information shall be presumed to be acting in good faith and shall be immune from civil liability for the disclosure or any consequence of such disclosure unless the presumption of good faith is rebutted upon a showing, by a preponderance of the evidence that the information disclosed by the current or former employer was false and the current or former employer had knowledge of its falsity or acted with malice or reckless disregard for the truth.

I _____, hereby give consent to any and

NAME

all prior employers of mine to provide information with regard to my employment with prior employers to Washington County.

Applications remain active for 3 months. This consent will be valid until 3 months from the date below.

SIGNATURE

DATE

We are asking you to provide this information, however, because we must submit a statistical report in accordance with the regulations promulgated under 38 U.S.C. Section 2012 and must monitor statistics for the U.S. Government.

_____ I AM A "SPECIAL DISABLED VETERAN"

I qualify as a Special Disabled Veteran because I am:

(1) A veteran who is entitled to compensation (or who but for receipt of military retirement pay would be entitled to compensation) under laws administered by the Veterans Administration for disability;

_____ (A) which is rated 30 percent or more,

OR

_____ (B) which is rated at 10 or 20 percent, but it has been determined, under Section 1506 of Title 38, U.S.C., that I have a "serious employment handicap;"

OR

_____ (C) which is service connected and caused me to be released from active duty.

_____ I AM A VETERAN OF THE VIETNAM-ERA

I qualify as a veteran of the Vietnam-Era because I am:

(1) A person who served more than 180 days of active military, naval or air service, any part of which was during the period August 5, 1964, through May 7, 1975, and who:

_____ (A) Was discharged or released therefrom with other than a dishonorable discharge,

OR

_____ (B) Was discharged or released from active duty because of a service connected disability.

_____ I AM A VETERAN WHO SERVED ON ACTIVE DUTY DURING THE WAR OR IN A CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED

Please specify the war, campaign or expedition in which you served on active duty:
