CRIMINAL JUSTICE INSTITUTE

University of Arkansas System 26 Corporate Hill Dr Little Rock, Arkansas 72205 (501) 570-8000

APPLICATION FOR EMPLOYMENT

The Criminal Justice Institute is an Equal Opportunity/Affirmative Action Employer

Notice: Applications filed do not create a contract of employment with the Criminal Justice Institute or the University of Arkansas System. If you are hired, employment is not for any definite period of time. All employees of the Criminal Justice Institute whether full-time, part-time, extra help or otherwise, may be terminated at any time or be dismissed for cause under University procedures.

Please answer all questions which apply to you and mark those that do not apply with N/A.

LAST NAME	FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	L	CITY	STATE	ZIP CODE
EMAIL ADDRESS:	WORK PHONE NU	MBER	CELL PHONE N	NUMBER
POSITION(S) APPLYING FOR:			DATE AVAILAE	BLE:

EMPLOYMENT STATUS			
Have you ever filed an application with this agency? \Box YES \Box NO			
If yes, what was your name at that time?			
Were you previously employed with any University of Arkansas campus or institution?			
If yes, please list last date of employment:			
Reason for leaving?			
Are you eligible for rehire?			

EDUCATIONAL HISTORY				
High School or GED completed?		If "NO," number of years completed:		
NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED	DATES ATTENDED	MAJOR SUBJECT OR COURSE	DEGREES OR CERTIFICATES RECEIVED	
	From			
	То			
	From			
	То			

EDUCATIONAL HISTORY, Continued			
	From		
	То		
	From		
	То		

SPECIAL SKILLS AND TRAINING

List any skills and special training not indicated in the Educational History section such as equipment operation, software, typing, etc.			
1.	5.	9.	
2.	6.	10.	
3.	7.	11.	
4.	8.	12.	

EMPLOYMENT EXPERIENCE

Starting with your current or most recent employer, 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. Volunteer experience may be listed in the absence of paid employment.

Current or most Recent Employer:			Begin Date (mo./yr.)	End Date (mo./yr.)
Address:			Telephone:	•
Job Title:	Full-time?	Part-time?	Beginning Salary:	Ending Salary:
Supervisor's Name and Email Address:			Reason for leaving?	
Duties performed:				

	EMPLOYMENT	EXPERIENC <u>E,</u>	Continued	
mployer:			Begin Date (mo./yr.)	End Date (mo./yr.)
ddress:			Telephone:	
ob Title:	Full-time?	Part-time?	Beginning Salary:	Ending Salary:
Supervisor's Name and Email Address:			Reason for leaving?	
Duties performed:				
Employer:			Begin Date (mo./yr.)	End Date (mo./yr.)
Address:			Telephone:	
Job Title:	Full-time?	Part-time?	Beginning Salary:	Ending Salary:
Supervisor's Name and Email Address:			Reason for leaving?	
Duties performed:				
Employer:			Begin Date (mo./yr.)	End Date (mo./yr.)
Address:			Telephone:	
	Full-time?	Part-time?	Beginning Salary:	Ending Salary:
Job Title:				
Job Title:			Posson for looving?	
Job Title: Supervisor's Name and Email Address:			Reason for leaving?	

Comments (including any gaps in employment)?		
May we contact all current/previous employers?	contact:	
Provide any other names under which you have been employed.		
	1	
If you are under 18 years of age, can you provide required proof of eligibility to work?	C Yes	□ No
Can you provide proof of citizenship or authorization to work in the U.S. upon employment?	□ Yes	□ _{No}
Have you been convicted of a felony within the last ten years? Conviction will not necessarily prevent you from obtaining employment.	□ _{Yes}	□ No
If yes, please explain.		
Do you have any relatives working for the Criminal Justice Institute?	□ Yes	🗆 No

If yes, what is the relationship?

EMPLOYMENT REFERENCES				
Please list any individuals that can be contacted to provide a professional reference for you. You must complete the Employment Consent and Release Form attached to this application before any references can be contacted.				
Name:	Telephone Number:			
Address:				
Email Address:	Relationship to you:			
Comments:				
Name:	Telephone Number:			
Address:				
Email Address:	Relationship to you:			
Comments:				
Name:	Telephone Number:			
Address:				
Email Address:	Relationship to you:			
Comments:				
Name:	Telephone Number:			

Address:	
Email Address:	Relationship to you:
Comments:	

MILITARY EXPERIENCE				
Have you served in the U.S. Armed Forces or National Guard?	□ Yes	□ No		
If so, what branch? Dates of Service:				
Describe duties and special training:				

Please review over your answers to make sure that all 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.

- I, the below signed individual, hereby declare that the information on this application is complete, true and accurate.
- I understand that if I am hired, that my employment is not for any definite period of time, and I may be terminated at any time.
- I understand that if I state that I have a college degree, and do not have one, that my application will be rejected or, if hired, I will be terminated in accordance with Arkansas Code § 21-12-102
- I understand that my application may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.
- I understand that certain jobs may require an acceptable driver's safety record and that if my current or future driver's record is unacceptable under the State Driver's Risk Program, my application may be rejected and, if hired, I may be subject to termination.
- I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition of any employment.
- I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee or rejection as an applicant.
- I also understand that some jobs require special background checks, security clearance, or compliance with other specific agency hiring policies prior to my employment, or as a condition of employment; and that failure to meet these requirements may lead to my rejection as an applicant for, or termination from, that job.

SIGNATURE OF APPLICANT: DATE:

CRIMINAL JUSTICE INSTITUTE UNIVERSITY OF ARKANSAS SYSTEM

EMPLOYMENT REFERENCE CONSENT AND RELEASE

I, _______ hereby give consent to any and all prior employers of mine, my current employer, and any references listed on my application to provide the information below with regard to my employment.

This consent is valid for a period of six (6) months from the date indicated below.

Signature of Applicant:

Date:_____

The individual named above has applied for employment with the Criminal Justice Institute, University of Arkansas System. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Arkansas Act 1474 of 1999, an Act to provide current and former business employers with protection for providing job information about current or former employers to prospective employers.

PLEASE RETURN THIS INFORMATION TO:

Criminal Justice Institute, University of Arkansas System, Attn: Human Resources, 26 Corporate Hill Dr., Little Rock, Arkansas, 72205. Phone: 501-570-8000 Fax: 501-565-3081

Date and Duration of Employment: Current or last rate of pay and wage: Current or last job description and duties:

The details of the applicant's last written performance evaluation prepared prior to the date the Applicant signed the consent:

Attendance history (excluding qualifying leave under FMLA):

Results of drug and/or alcohol tests administered within the last year:

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee:

Details of applicant's performance evaluation:

Was his/her separation from employment voluntary or involuntary?

What was the reason for the applicant's separation from employment?

Is the applicant eligible for rehire?

State of Arkansas Statement of Selective 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.*, as specified in Act 228 of the 1997 Acts of the Arkansas General Assembly. 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 1997 Acts of the General Assembly:

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

Signature:

Date:_____

Printed Name:_____

Affirmative Action Data Survey

In order to measure the effectiveness of the Criminal Justice Institute's affirmative action program and to comply with the requirements set forth by the Equal Employment Opportunity Commission, applicant data must be collected concerning age, gender, race, and veteran status. Completion of this form is optional and your application will not be affected if you chose not to participate. The information will be maintained by the Criminal Justice Institute for reporting purposes only and will not be divulged to persons who participate in the interview and selection process.

Race: American Indian or Alaskan Black/African American Hispanic Asian or Pacific Islander White/Caucasian Other:				
<i>Gender:</i> \Box Male \Box Fen	nale			
Veteran Status: Please check all th Have you served at least six (6) year honorably discharged from active du and Reserve Military Annual Trainir Are you a spouse, widow or widowe	rs in the National Gua aty in the United State ng? Ves	rd or U.S. Res	serve, or have yo	ou been
 □ Vietnam Era Veteran* □ Disabled Veteran* □ Over 40 	☐ Other Veteran ☐ US Citizen If you are not an U.S ☐ Permanent		at type of visa d	o you hold?
*Veterans who voluntarily submit official p veteran who remains unmarried at the time of be entitled to employment preference in pos Applicants meeting this criteria should subm appropriate documentation with your applic	of application, and who a sitions over other applicar nit a DD-214, a current le	re citizens and re	sidents of the State substantially equal	of Arkansas, shall qualifications.
How did you learn about this position	on?			

iow ala you learn about this position.			
	Personal contact	\Box Requested information	U Web site (address)
	Newspaper (Name of source)		
	Professional publication (Name of source)		
	Job registry (Name of source)		
	Other		

Thank you for your participation.