Texarkana Baptist Children's Home P O Box 611 Texarkana AR 75504-0611 870-774-8214

Application for Employment

Position(s) Applied for:		Date		
How did you learn about us?	Employment Agency			
Last Name	First Name	Middle		
Phone Number(s):				
Address:				
City	State	Zip Code		
If you are under 18 years of ago	e, can you provide proof of	your eligibility to work?		
Have you ever been employed	with us before?			
Are you currently employed? _	May we contact you	r present employer?		
Are you prevented from lawful Immigration Status? Pro		•		
On what date would you be ava	ailable to work?	_		
Are you available to work: Full Time Shift Work Temporary				
Are you currently on "lay-off"	status and subject to recall?			
Do you have dependable means	s of transportation?			
Have you been convicted of a f	elony within the last 7 years	s?		
If was places explain				

Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Additional Information		
State any additional information you feel may be helpful to us in considering your application. Summarize special job related skills & qualifications from employment or other experience (such as cooking, carpentry, farming, etc.).		
Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.		
Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?		

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origins, disabilities or other protected status.

1. Employer:	Telephone:	Address:
	To	_
Beginning Salary:	Ending Salary:	
Work Performed:		
Job Title:	Supervisor:	
Reason for Leaving:		
2. Employer:	Telephone:	Address:
	To	_
Beginning Salary:	Ending Salary:	
Work Performed:		
Job Title:	Supervisor:	
Reason for Leaving:		
3. Employer:	Telephone:	Address:
Dates Employed: From	To	_
Beginning Salary:	Ending Salary:	
Work Performed:		
Job Title:	Supervisor:	
Reason for Leaving:		

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the best of my knowledge.
application for employment as may be necessary in arriving at an
e for a period of time not to exceed 45 days. Any applicant wishing to be inquire as to whether or not applications are being accepted at that time.
nless otherwise defined by applicable law, any employment will nature, which means that the Employee may resign at aployee at any time with or without cause. It is further onship may not be changed by a written document or by nowledged in writing by an authorized executive of this a false or misleading information given in my application or eand, also, that I am required to abide by all rules and
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Signature of Applicant

Date