



EMPLOYMENT APPLICATION

DATE:

SOCIAL SECURITY NUMBER:

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NAME: LAST FIRST MIDDLE

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PRESENT ADDRESS:

STREET		
CITY	STATE	ZIP
HOME PHONE:		MOBILE PHONE:
E-MAIL ADDRESS:		

CITIZENSHIP:

Are you an U.S. citizen or authorized to work in the U.S. on an unrestricted basis?
 Can you, once employed, submit proof of right to work in the U.S.?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

LEGAL HISTORY:

Have you been convicted of a felony?
 If yes, please give the date, location and disposition of your case:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

IN CASE OF EMERGENCY PLEASE CALL:

NAME	RELATIONSHIP
ADDRESS	BUSINESS #
	HOME #

POSITION DESIRED

I understand that applicants who do not meet the minimum qualifications of the position will not be considered for the position. Only those final candidates will be contacted.

POSITION DESIRED	SALARY REQUIREMENT
SPECIFY <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN	DAYS & HOUR PREFERRED
If an offer is extended when would you be available to work?	
Do you have a reliable and available method of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you become aware of this position? please give source:	

LANGUAGE AND COMPUTER SKILLS:

Do you speak, read or write any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify:
Are you computer literate? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail address:
Programs you are able to operate:



EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY:

Do not leave any periods of time in your work history unaccounted for, inaccurate information can result in not qualifying for employment or your discharge from the organization.

Are you currently employed? Yes No

May we contact your current employer(s)? Yes No

COMPLETE WORK HISTORY

FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
SALARY			
SUPERVISOR			PHONE
REASIN FOR LEAVING			
FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
SALARY			
SUPERVISOR			PHONE
REASIN FOR LEAVING			
FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
SALARY			
SUPERVISOR			PHONE
REASIN FOR LEAVING			
FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
SALARY			
SUPERVISOR			PHONE
REASIN FOR LEAVING			
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SALARY			
SUPERVISOR			PHONE
REASIN FOR LEAVING			
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SALARY			
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REASIN FOR LEAVING			
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SALARY			
SUPERVISOR			PHONE
REASIN FOR LEAVING			
FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
SALARY			
SUPERVISOR			PHONE
REASIN FOR LEAVING			
FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
SALARY			
SUPERVISOR			PHONE
REASIN FOR LEAVING			



EMPLOYMENT APPLICATION

SALARY		
SUPERVISOR		PHONE
REASIN FOR LEAVING		

EDUCATIONAL HISTORY AND TRAINING

NAME OF SCHOOL	YRS	COURSE MAJOR	DEGREE

LICENSES & CERTIFICATES

PROFESSIONAL LICENSE	TYPE	STATE	EXPERATION
Has your license been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently involved in a proceeding that could effect your licensure or certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please specify the circumstances:			

REFERENCES (No relatives or clergy)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

ADDITIONAL INFORMATION THAT WILL BE HELPFUL IN ASSESSING QUALIFICATIONS

Are you related to anyone currently employed by Life Strategies of Arkansas, LLC? Yes No. If yes, please list their names (s) and relation below.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

ATTESTATIONS

- Do you feel that you are qualified to perform the essential tasks of the job that you are currently applying for? Yes No
- Are there any reasonable accommodations that you believe would assist you to perform the essential functions for the job you are applying for? Yes No

Please explain:



EMPLOYMENT APPLICATION

3. I HAVE READ AND UNDERSTOOD THE QUESTIONS LISTED ABOVE: YES NO
4. I AM AT LEAST 23 YEARS OF AGE YES NO
5. IT IS A REQUIREMENT OF LSA TO CONDUCT A BACKGROUND CHECK AND DRIVING HISTORY ON ALL APPLICANTS CONSIDERED FOR EMPLOYEMENT. IF YOU HAVE BEEN CONVICTED OF A FELONY AND/OR HAVE MORE THAN 2 MOVING VIOLATIONS WITH THE PAST 3 YEARS, THIS COULD AFFECT YOU POTENTIAL FOR EMPLOYMENT WITH THIS ORGANIZATION.
6. ALL THE INFORMATION NOTED ABOVE IS ACCURATE AND NO PERTINENT INFORMATION HAS BEEN LEFT OUT THAT WOULD BE BENEFICIAL IN THE EVALUATION OF YOUR APPLICATION:
- APPLICATION IS COMPLETE INFORMATION HAS BEEN LEFT OUT

SIGNATURE: _____ DATE: _____



EMPLOYMENT APPLICATION
ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION
Contained Within the Certified Nursing Assistant/Employment Clearance Registry

I hereby request that the Arkansas Certified Nursing Assistant Employment Clearance Registry release any information their files may contain indicating the undersigned applicant as an offender of true report of maltreatment.

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name

Social Security Number

Applicant's Signature

Date

NOTARIZED REQUIRED

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20____.

Notary Public

Commission Expires

The above listed applicant was _____ /was not _____ found in the Certified Nursing Assistant /Employment Clearance Registry.

Signature

Date



EMPLOYMENT APPLICATION
DEPARTMENT OF HUMAN SERVICES
AUTHORIZATION FOR ADULT MALTREATMENT CENTRAL REGISTRY

Print all information in ink

Form with fields: Name, Date of Birth, Maiden and/or Any Names Formerly Used, Social Security Number, Current Address (Street, City, State, Zip), List all previous addresses for the past five years, Dates (From / To)

I authorize Department of Human Services/Audit Protective Services to release information form the Adult Maltreatment Central Registry in accordance with Arkansas Code [ACA 5-28-213 (a)(8)(A)] to Life Strategies of Arkansas, LLC 203 W. Bond, West Memphis, AR 72301, ATTN: Lynne Crawford

I further certify that the information provided on this form is true an correct.

Signature _____ Date _____

NOTARIZATION REQUIRED

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20 _____

Notary Public

My Commission Expires

The above listed applicant was _____ /was not _____ found in the Adult Maltreatment Central Registry.

Mail Completed forms to: Adult Protective Services
Adult Maltreatment Central Registry
P.O. Box 1437 Slot S-540
Little Rock, AR 72203



**EMPLOYMENT APPLICATION
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION
Contain Within the Arkansas Child Maltreatment Central Registry**

I hereby request that the Arkansas Child Maltreatment Central Registry, P.O. Box 1437, Slot S. 566 Little Rock, AR 72203 release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Arkansas law now permits Central Registry to charge a fee for a child maltreatment background checks, investigative files, photos, audio, and video recording. This fee applies to everyone except potential employees, non-profit organizations, and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. We are unable to accept cash. If you feel that you should not have to pay this fee, please provide us with your proof of 501C3

This information should be addressed to:

I understand that the name of any confidential information, or other information which does not pertain to the application as alleged perpetrator will not be released.

Applicant's Name (print or type)

Maiden Name /Aliases

Race Age / DOB

Full Name /DOB Children

Present Address

Full Name / DOB Children

From _____ **To** _____

Full Name / DOB Children

Full Name / DOB Children

From _____ **To** _____

Full Name / DOB Children

Full Name / DOB Children

From _____ **To** _____

Applicant's Signature _____

County of _____ **State of Arkansas**

Acknowledges before me this _____ **day of** _____ **20** _____

My Commission Expires: _____ **Notary Public** _____



EMPLOYMENT APPLICATION

EDUCATIONAL BACKGROUND CHECK

NAME	
BIRTHDATE	SOCIAL
PLEASE LIST THE HIGHEST LEVEL OF EDUCATION:	
College/University	
City	State
Dates Attended	
Name while attending	

I authorize Life Strategies of Arkansas, LLC to perform an educational background check.

SIGNATURE: _____ DATE: _____

NAME	
BIRTHDATE	SOCIAL
PLEASE LIST THE HIGHEST LEVEL OF EDUCATION:	
High School	
City	State
Dates Attended	
Name while attending	

I authorize Life Strategies of Arkansas, LLC to perform an educational background check.

SIGNATURE: _____ DATE: _____



EMPLOYMENT APPLICATION

BACKGROUND CHECK

In connection with your application for employment LSA will conduct a detailed investigation of your criminal history, employment history, educational history and background. The criminal background check will be conducted by Mark Lipman Division of Guardsmark, Inc.

I understand until this investigation is completed no final decision is rendered eligibility for employment, and that this investigation will include inquiries as to my abilities, character, and reputation. It is also my understanding that LSA must receive a clear background history if you are to remain employed by LSA.

I do hereby give my consent for any educational institution, past employment, references, police agencies (criminal records), motor vehicle department or worker compensation board to furnish information from their records to Life Strategies of Arkansas and Mark Lipman Division.

I attest that the following information is correct.

Signature _____
Date

Full Name: _____

Social Security: _____

Date of Birth: _____

Current Address: _____

Previous Address:
(within the past 10 years) _____



EMPLOYMENT APPLICATION
ARKANSAS REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Life Strategies of Arkansas, LLC, for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

You are released from any and all Liberty, which may result from furnishing such information.

Applicant's Signature

Date

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

The following person has made application with our company for the position of _____ . As in accordance with Section 391-23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past 3 years.

Name of Applicant: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State: _____