

SOUTHERNARKANSAS UNIVERSITYTECH

P.O. BOX3499

CAMDEN, AR 71711

PHONE: (870) 574-4481

FAX: (870) 574-4489

[E-mail: humanres@sautech.edu](mailto:humanres@sautech.edu)

Dear Applicant:

Thank you for your inquiry about the position at Southern Arkansas University Tech.

Please complete each section of the enclosed application and affirmative action form, sign and return to the SAU Tech Office of Human Resources. You may attach a resume; however, you must fully complete the application. Other required documents such as transcripts and/or license will be noted on the Position Vacancy Notice.

Return by mail to:

SAU Tech
Human Resources Office
P.O. Box 3499
Camden, AR 71711

Or fax to: (870) 574-4489

For other information or inquiries, call the Human Resources Office at (870) 574-4481.

The Human Resources Office is located in the Administration Building and office hours are:

	<u>Regular Office Hours</u>	<u>Summer Hours</u>
Monday–Thursday	8:00 am – 5:00 pm	7:30 am – 5:30 pm
Friday	8:00 am – 11:30 am	

Thank you for applying with SAU Tech.

Sincerely,
Olivia Clack
Human Resources Director



**SOUTHERN ARKANSAS UNIVERSITY TECH
CAMDEN, AR 71711**

EQUAL EMPLOYMENT DATA

This section is designed to collect information which will be used in the completion of various state and federal reports and will not be used in the processing of, or remain part of your application. The completion of this section is voluntary.

Name of Applicant: _____

Social Security Number: _____

Date of Birth: _____

Male

Female

■ **Check one or more listed which you consider yourself to be:**

- White
- Black
- American Indian or Alaskan Native
- Asian
- Hispanic
- Native Hawaiian

Military History

If you believe you may be eligible for veterans preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans preference. Under certain conditions spouses, widows, or widowers of qualified veterans may also be eligible for veterans preference. For consideration of veterans preference, proof such as a DD-214, current letter from the Veterans Administration, or other official documentation may be required. Specific questions regarding veterans preference should be addressed to individual state agency personnel offices.

Have you served on active duty in the United States military, excluding Active Duty for Training (AcDuTra) and Reserve Military Annual Training (AT)? Yes No

Branch of Service _____

Date of Entry _____

Date of Discharge _____

Type of Discharge _____

How did you learn of this job opening?

Newspaper _____

Employment Security Department _____

Personal announcement _____

Educational Institution. Name of Institution: _____

Other Explain: _____



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APPLICATION FOR EMPLOYMENT

Please answer all questions which apply to you. If they do not apply, mark them N/A. Please print, type, or write legibly. You may also attach a resume.

Last Name		First Name		Middle Initial
Complete Mailing Address	City	State	Zip Code	County
Home Phone Number	Work Phone Number		E-mail address	

Position(s) for which you are applying (give titles):

1. _____
2. _____

EMPLOYMENT STATUS SECTION

What kind of employment will you accept? Full Employment Part-Time Temporary

Have you ever been employed by Arkansas State Government or another university? Yes No

If yes, please list:

Have you ever worked for SAU Tech before? Yes No

If yes, what department and when?

List professional license(s) relevant to position(s) for which you are applying. Give type of license, license number, date of expiration, and state. _____

May we contact your current employer? Yes No

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

EMPLOYMENT AT WILL

SAU Tech operates under the doctrine of employment at will and each staff member and/or the College may end the employment relationship without reason or cause at any time.

EDUCATIONAL HISTORY

High School	Received:		Date Awarded:				If None, highest grade completed:	
	<input type="checkbox"/> Diploma	<input type="checkbox"/> G.E.D.	Mo	Yr	Mo	Yr		
Name & Location	From Mo	Yr	To Mo	Yr	Major/Minor	Hours completed (See note below)	Degree/Diploma Awarded	Date Graduated

NOTE: For hours completed, indicate whether semester hours, quarter hours, clock hours, etc...

WORK HISTORY

List all prior work experience, including military service, beginning with your most recent employment. (Include all work experience even if you do not believe that experience to be related to the position or positions for which you are applying.) You may include volunteer or unpaid work as part of your history; however, you should include the number of hours per week which you performed these duties. If you do not have enough space to list all your work experience, use a separate sheet for continuation.

1. Current or most recent employer		Business phone number		Employment dates	
Complete mailing address	City	State	Zip Code	From	
Type of business				Month Year	
				To	
				Month Year	
Supervisor's name				Average hours worked	
Name under which employed		Your job title		Per week	
Your job duties (be specific)				Salary \$	
				Lowest	
				\$	
				Highest	
Reason for leaving					
2. Employer		Business phone number		Employment dates	
Complete mailing address	City	State	Zip Code	From	
Type of business				Month Year	
				To	
				Month Year	
Supervisor's name				Average hours worked	
Name under which employed		Your job title		Per week	
Your job duties (be specific)				Salary \$	
				Lowest	
				\$	
				Highest	
Reason for leaving					
3. Employer		Business phone number		Employment dates	
Complete mailing address	City	State	Zip Code	From	
Type of business				Month Year	
				To	
				Month Year	
Supervisor's name				Average hours worked	
Name under which employed		Your job title		Per week	
Your job duties (be specific)				Salary \$	
				Lowest	
				\$	
				Highest	
Reason for leaving					

Work History continued....

4. Employer		Business phone number		Employment dates
Complete mailing address	City	State	Zip Code	
Type of business				From:
				Month Year
Supervisor's name				To
				Month Year
Name under which employed		Your job title		Average hours worked
Your job duties (be specific)				Per week
				Salary \$
				Lowest
				\$
				Highest
Reason for leaving				
5. Employer		Business phone number		Employment dates
Complete mailing address	City	State	Zip Code	
Type of business				From
				Month Year
Supervisor's name				To
				Month Year
Name under which employed		Your job title		Average hours worked
Your job duties (be specific)				Per week
				Salary \$
				Lowest
				\$
				Highest
Reason for leaving				
6. Employer		Business phone number		Employment dates
Complete mailing address	City	State	Zip Code	
Type of business				From
				Month Year
Supervisor's name				To
				Month Year
Name under which employed		Your job title		Average hours worked
Your job duties (be specific)				Per week
				Salary \$
				Lowest
				\$
				Highest
Reason for leaving				

SPECIAL SKILLS

Typing skills (corrected words per minute):
List the business machines, computers and word processors you can operate:
List any other skills relative to the job(s) for which you are applying:

PROFESSIONAL REFERENCES

Please list three (3) persons not related to you, who have knowledge of your work qualifications, are previous employer(s) or coworker(s), and can serve as a reference for you.

Name	Address	Telephone
1.		
2.		
3.		

NEPOTISM

Do you have any relatives employed by S.A.U. Tech or another state agency?

Yes No If yes, complete the remainder of this section.

(This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism.)

Name	Relation	Agency employed by

Before you sign this application

Check 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, to the best of my knowledge and my ability, the information on this application is true and factual.
- I understand that if I am hired that my employment is not for any definite period of time and that I may be terminated at any time.
- I understand that if I state that I have a college degree and do not have one my application will be rejected or, if hired, I will be terminated in accordance with Arkansas Code 2 1-12-102.
- 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.
- I affirm that it is my genuine intent to seek, and if offered, employment in Arkansas State Government, and this application is submitted solely for that purpose and for no other purposes.
- I understand and authorize verification of all statements contained in this application.
- I authorize former employers and references to disclose any and all information in their possession regarding me in connection with this application. In addition, I release the Company and/or its agents, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation.

Signature of applicant

Date of signature



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QUALIFICATIONS STATEMENT—(MANDATORY FOR ALL APPLICANTS)

Indicate how you meet the minimum qualifications for this position and list any experience you have that is relevant. If applying for a teaching position, please address issues such as program quality, academic standards, and expectations for students, and professional organizations.

SIGNATURE

I certify that all of the statements in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize Southern Arkansas University Tech or its designee to investigate all statements and information provided on this application or attached thereto. I understand that false information may be grounds for rejection of my application and/or dismissal if employed.

Signature

Date

STATE OF ARKANSAS
Department of Finance and Administration

EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM

Answer the following questions regarding your current, former* and future employment with the State of Arkansas:

- 1. Are you a current state employee?
2. Are you a former state employee?
3. Are you a current Constitutional Officer** or Arkansas General Assembly member?
4. Are you the spouse of a current Constitutional Officer or Arkansas General Assembly member?
5. Are you a former member or the spouse of a former member of the Arkansas General Assembly?
6. Are you an immediate family member*** (other than the spouse) of a Constitutional Officer or an Arkansas Assembly member?
7. Are you an immediate family member of a state employee, state board, or Commission member?
8. Are you a relative of the supervisor or hiring official, or will this position have supervisory responsibility over a relative disclosed above?

*Former is defined as within the last 24 months.
**Constitutional Officer: Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner.
***Immediate family member includes: spouse, mother, father, sister, brother, child, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in law, and son-in-law.

I understand that to be eligible for employment with the State of Arkansas, I must be in compliance with Governor's Executive Order 98-04, Governor's Policy Directive No. 8 and Arkansas Code Annotated §21-8-304, which state, in part, that, while employed as a state employee, I cannot enter into any Professional Services Contract or Consultant Service Contract with any state agency unless I am providing Nursing Services and contracting with the Department of Human Services. I assert that I have answered the above questions to the best of my knowledge, and I understand that failure to disclose this information may result in disciplinary action, if I am hired by this agency.

Applicant Name (Please Print) Signature of Applicant with Date Social Security Number

INSTRUCTIONS FOR HIRING OFFICIAL:

- A. Regardless of the answer in #1 or #2, complete this form. Submit this form with the hire packet.
B. If applicant marked #3 "Yes", this person cannot be hired.
C. If applicant marked all items in #4 "Yes", complete this form and submit to Chief Fiscal Officer (CFO) and Joint Budget Committee (JBC) / Legislative Council (LC) for approval. Submit approved form with hire packet.
D. If applicant marked all items in #5 "Yes", this person cannot be hired.
E. If applicant marked #6, #7 or #8b "Yes", complete this form and submit to agency director. Submit approved form with hire packet.
F. If applicant marked #8a "Yes", complete this form and submit to CFO and JBC/LC for approval. Submit approved form with hire packet.
G. If applicant marked any item in #3, #4, #5, #6, #7, #8a or #8b "No", no further action is needed. Submit this form with the hire packet.

Agency/Institution Hiring Official
Position Applied for Position # Pay Grade Salary

I certify that the applicant meets the education and experience qualifications required to perform the duties of the position for which they are being considered .

Signature of Agency/Institution Hiring Official

Phone Number

Approved

Disapproved

Agency/Institution Director or Designee

Agency Number

Date

EMPLOYMENT REFERENCE CONSENT AND RELEASE

Applicant Name: _____ **SSN:** _____

I, _____, HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS OF MINE, OR ANY CURRENT EMPLOYER, TO PROVIDE THE INFORMATION BELOW REGARDING MY EMPLOYMENT TO THE PROSPECTIVE EMPLOYER LISTED HEREIN. This consent is valid for a period of six (6) months from the date indicated below. A copy of this form shall serve as an original.

Signature of Applicant: _____ **Date:** _____

Instructions to Current/Former Employer

The individual named above has applied for employment with *Southern Arkansas University Tech*. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or mail. This form is intended to comply with §11-3-204 of the Arkansas Code, a law providing current and former employers with legal protection for providing job information about current or former employees to prospective employers.

1. Date and duration of employment:
2. Current or last rate of pay and wage history:
3. Current or last job description and duties:
4. The details of the applicant’s last written performance evaluation prepared prior to the date the applicant signed this consent (See date above):
5. Attendance history (excluding leave under FMLA or Work Comp):
6. Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee:
7. Was his/her separation from employment ~ voluntary ~ involuntary?
8. What was the reason for the applicant’s separation from employment?
9. Is the applicant eligible for rehire? Yes No

Name, Title of Person Providing Information

Date

Signature:

Phone Number:

Please return the information to:

Southern Arkansas University Tech
Attn: Olivia Clack,
Human Resources Director
P.O. Box 3499
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