

APPLICATION FOR EMPLOYMENT



Arkansas Boll Weevil Eradication Foundation
 10201 West Markham, Suite 100
 Little Rock, Arkansas 72205
 Phone 501.223.2763 or 1.877.678.2292
 Fax 501.225.9989 or 501.227.8522

We consider applicants for all positions without regard to race, creed, color, religion, gender, national origin, ancestry, age, disability, marital or veteran status, or any other legally protected status.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. The company will make every reasonable effort to provide an effective accommodation, if feasible.

Last Name		First Name		Middle Name	
Address		Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Position(s) Applied For

What locations would you work in? *Check all that apply.* Little Rock (Headquarters) Blytheville Shop
 Forrest City Kelso Leachville Marvell Marvell Shop Osceola Pine Bluff Pine Bluff Shop
 Portland Rector Rector Shop Texarkana Trumann Trumann Shop Wynne Shop

Have you ever been employed with us before? If Yes, which season _____ Yes No

Do any of your friends or relatives work here? Yes No
 If Yes, state name, relationship and location _____

Are you 18 or over? Yes No
 Do you have a *valid* driver's license? Yes No

Date available for work _____ What is your desired salary range? _____

Are you available to work:
 Full-time Part-time Temporary (Please indicate dates available _____ - _____)

Are there any days or hours you would be unable or unwilling to work? Yes No
 If Yes, please specify those days or hours you would be unable or unwilling to work: _____

EDUCATION

	Name, City & State of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK 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 origin, disabilities or other protected status.

Employer	Dates Employed	
Address	From	To
Position or Duties		
Supervisor	Hourly Rate/Salary	
Reason for Leaving	Starting	Final
Include explanation of any gaps in employment.		
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Professional/Personal References*Do not include family members.*

Name	Phone Number	Occupation

APPLICANT'S STATEMENT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, by false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I further understand that if I am employed by the Foundation, my employment will be 'at-will,' meaning that either the Foundation or I may terminate the employment relationship at any time, for any reason or no reason, and with or without cause and with or without notice. I also understand that I may be required to complete additional testing to fulfill the application process.

Signature of Applicant

Date

Revised 02/14/04