



*Daughters of Charity Services of Arkansas*  
Application for Employment

Date of this Application \_\_\_\_\_ Date Available for Employment \_\_\_\_\_ Social Security No. \_\_\_\_\_

Title of Position for which you are applying: \_\_\_\_\_

NAME \_\_\_\_\_ Names Used Prior Employment \_\_\_\_\_  
(Last) (First) (Middle)

MAILING ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
(City) (State) (Zip)

How Long at present address \_\_\_\_\_ Are you legally authorized to work in the United States? Yes  No

Office or Message Phone \_\_\_\_\_ In case of accident notify: (Give name, address and telephone)

Have you ever been convicted of a Crime? (Excluding Minor Traffic Violations for which a Fine or Forfeiture of \$200 or Less Was Imposed) If Yes, give details:

United States Military Service From \_\_\_\_\_ to \_\_\_\_\_ BRANCH \_\_\_\_\_ RANK \_\_\_\_\_ Type Discharge \_\_\_\_\_

Specialties While In Service \_\_\_\_\_ Present Military Status \_\_\_\_\_

EDUCATION: Highest Grade Completed (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 In What Year Completed? \_\_\_\_\_

Name and Location of High School Attended \_\_\_\_\_

Name and Location of College/University Attended \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_ Major and Minor Courses of Study \_\_\_\_\_

Postgraduate Work \_\_\_\_\_ Degree \_\_\_\_\_

Describe any other specialized or professional training (such as Business, Technical or Nursing school), include study courses given through Armed Forces Institute, Public or Private Employment, state whether degree or certificate was received:

Name any Professional Organization to which you belong: \_\_\_\_\_

Typing Speed \_\_\_\_\_ WPM Other Skills \_\_\_\_\_

List present or last position first and work back chronologically. Include duties performed in military service, if applicable.

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____	
_____	Telephone No. _____
Dates of Employment (month & year) From _____ to _____	Starting Salary \$ _____ Per _____
Exact Title of Your Position _____	Name & Title of Supervisor _____
_____	Number of Employees Supervised _____
Reason for Leaving _____	
Name under which you worked, if different from that shown on Page 1 _____	
Description of Duties: _____	
_____	

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____	
_____	Telephone No. _____
Dates of Employment (month & year) From _____ to _____	Starting Salary \$ _____ Per _____
Exact Title of Your Position _____	Name & Title of Supervisor _____
_____	Number of Employees Supervised _____
Reason for Leaving _____	
Name under which you worked, if different from that shown on Page 1 _____	
Description of Duties: _____	
_____	

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____	
_____	Telephone No. _____
Dates of Employment (month & year) From _____ to _____	Starting Salary \$ _____ Per _____
Exact Title of Your Position _____	Name & Title of Supervisor _____
_____	Number of Employees Supervised _____
Reason for Leaving _____	
Name under which you worked, if different from that shown on Page 1 _____	
Description of Duties: _____	
_____	

**For All Applicants:**

**The Daughters of Charity Services of Arkansas is an “at will” Employer. Under the “Employment at Will” doctrine, the employee and the employer are free to terminate employment at any time, with or without reason, formality, procedure, or notice.**

Are you able to perform the essential job functions of the position for which you are applying? Yes  No

All applicants will be drug tested before being hired. Will you consent to a drug test? Yes  No

Background checks will be conducted on all applicants. Do you consent to a background check? Yes  No

AFFIDAVIT: I certify that the answers given by me to the above questions and statements are true and correct. I agree that the Daughters of Charity Services of Arkansas (DCS-ARK) shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize DCS-ARK to investigate and obtain information from others in order to verify the statements, which I have made herein. I also authorize the organizations, schools, or persons named in this application to give any information regarding my employment, together with any information they have regarding me whether or not it is in their records. I hereby release said organization, schools or persons from liability for any damage for issuing this information, and further release DCS-ARK from all liability for any damage for obtaining or using this information.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

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I certify in writing that I have not been debarred or excluded from participation in Medicare, Medicaid or any other federal or state funded health care program and have not been convicted of a health care related criminal offense. I understand that I will be screened and must go through the credentialing process before being hired.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE