



ARKANSAS STATE UNIVERSITY

MID-SOUTH

Employment Application

- Applications for employment are accepted without regard to sex, race or color, national origin, handicap/disability, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with ASU Mid-South.
- Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.
- Applications filed do not create a contract of employment with ASU Mid-South. If any individual is hired, employment is not for any definite period of time. Individuals hired will also be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.
- Qualified applicants with disabilities, as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, may request any needed accommodations to participate in the application process. If you require any type of special accommodations to assist you in completing applications or during the interview process, please contact the office of Human Resources at 870-733-6774 or email us at lhaggard@asumidsouth.edu.

This application should be returned to the address, fax number or email listed below:

Arkansas State University Mid-South

ATTN: Search Coordinator/Human Resources

2000 West Broadway

West Memphis, AR 72301

Phone: (870) 733-6741 | Fax: (870) 733-6719 | Email: humanresources@asumidsouth.edu

Nondiscrimination Statement: Arkansas State University Mid-South does not discriminate on the basis of race, color, religion, gender identity, sexual orientation, national origin, age, sex, disability, genetic information, veteran status or marital status in any of its practices, policies or procedures, and provides equal access to the Boy Scouts and other designated youth groups. This includes, but is not limited to, employment, admissions, educational services, programs or activities which it operates or financial aid. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Jeremy Reece
Title IX Coordinator
Arkansas State University Mid-South
2000 West Broadway
West Memphis, AR 72301
Phone: 870.733.6786
Email: jreece@asumidsouth.edu

Stephanie Krehl
ADA Coordinator
Arkansas State University Mid-South
2000 West Broadway
West Memphis, AR 72301
Phone: 870.733.6790
Email: accessibility@asumidsouth.edu

For further information on notice of non-discrimination, visit <https://ocras.ed.gov/contact-ocr> for the address and phone number of the office that serves our area, or call 1-800-421-3481.

ASU Mid-South is an EEOC Employer. The ASU Mid-South Consumer Information and Crime Report is posted on the ASU Mid-South website under About Us/Campus Safety & Consumer Information, or you may access it by clicking the following link: <https://www.asumidsouth.edu/campus-safety-consumer-info/>

Arkansas State University Mid-South does not discriminate on the basis of sex in any education program or activity that it operates. Further, ASU Mid-South is subject to Title IX of the Education Amendments of 1972 and is therefore required by Title IX and 34 C.F.R. Part 106 not to discriminate in such a manner. This requirement extends to admissions and employment with the university. Inquiries about the application of Title IX or 34 C.F.R. Part 106 to ASU Mid-South may be referred to ASU Mid-South's Title IX Coordinator, to the Assistant Secretary for Civil Rights for the U.S. Department of Education, or both. ASU Mid-South Title IX Coordinator holds the title Director of Title IX and Institutional Equity and may be contacted as follows:

By email: jreece@asumidsouth.edu

By phone: 870-733-6786

In Person: Magruder Hall, MH102E

By mail: Office of Title IX and Institutional Equity, ASU Mid-South, 2000 West Broadway, West Memphis, AR 72301

Any person may report sex discrimination, including sexual harassment (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sex discrimination or sexual harassment), in person, by phone, or by email using the contact information provided above or by any other means that results in the Title IX Coordinator receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or email address, or by mail to the office address, provided above.

Application for Employment

Please answer all questions which apply to you. Please print, type or write legibly.

| | | | |
|--------------------------|-------------------|-------------------|----------|
| Last Name | First Name | Middle Name | |
| Complete Mailing Address | City | State | Zip Code |
| Home Phone Number | Work Phone Number | Cell Phone Number | |
| Email Address | | | |

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

1.
2.
3.
4.

Employment Status Section

| | | |
|--|------------------------------------|------------------------------------|
| Are you legally entitled to work in the U.S.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type of employment sought? | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| List professional license(s) relevant to position(s) for which you are applying. Give type of license, license number, date of expiration and issuing/valid state. _____ _____ _____ | | |

Educational History

| | | |
|-------------|---|--|
| High School | Received: <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate: Type Awarded_____ | If none, highest grade completed _____ |
|-------------|---|--|

List below post-secondary schools, colleges, universities, trade/vocational or other attended:

| Name and Location | Diploma/Degree Awarded | Major/Minor *See note below | If no degree, list hours completed |
|-------------------|------------------------|--------------------------------|------------------------------------|
| — — — — — | | | |
| — — — — — | | | |
| — — — — — | | | |
| — — — — — | | | |

Work History

Please list your last ten years of employment history.

| | | | | | |
|-------------------------------|---------------|------------------------|-------|----------|--------------------------------------|
| 1 | Employer Name | Employer Contact Phone | | | Employment Dates |
| Complete Mailing Address | | City | State | Zip Code | From _____ month _____ year |
| Type of Business | | | | | To _____ month _____ year |
| Last Position Held | | Supervisor's Name | | | Average hours worked weekly _____ |
| Name under which employed | | | | | Ending Base Salary \$ _____ |
| Your Job Duties (Be specific) | | | | | |
| | | | | | |
| | | | | | |
| Reason for Leaving | | | | | |
| 2 | Employer Name | Employer Contact Phone | | | Employment Dates |
| Complete Mailing Address | | City | State | Zip Code | From _____ month _____ year |
| Type of Business | | | | | To _____ month _____ year |
| Last Position Held | | Supervisor's Name | | | Average hours worked weekly _____ |
| Name under which employed | | | | | Ending Base Salary \$ _____ |
| Your Job Duties (Be specific) | | | | | |
| | | | | | |
| | | | | | |
| Reason for Leaving | | | | | |
| 3 | Employer Name | Employer Contact Phone | | | Employment Dates |
| Complete Mailing Address | | City | State | Zip Code | From _____ month _____ year |
| Type of Business | | | | | To _____ month _____ year |
| Last Position Held | | Supervisor's Name | | | Average hours worked weekly _____ |
| Name under which employed | | | | | Ending Base Salary \$ _____ |
| Your Job Duties (Be specific) | | | | | |
| | | | | | |
| | | | | | |
| Reason for Leaving | | | | | |

| | | | | | |
|-------------------------------|--------------------------|------------------------|-------|----------|--------------------------------------|
| 4 | Employer Name | Employer Contact Phone | | | Employment Dates |
| | Complete Mailing Address | City | State | Zip Code | From _____ month year |
| | | | | | To _____ month year |
| | Type of Business | | | | Average hours worked weekly _____ |
| | Last Position Held | Supervisor's Name | | | Ending Base Salary \$ _____ |
| Name under which employed | | | | | |
| Your Job Duties (Be specific) | | | | | |
| | | | | | |
| | | | | | |
| Reason for Leaving | | | | | |
| 5 | Employer Name | Employer Contact Phone | | | Employment Dates |
| | Complete Mailing Address | City | State | Zip Code | From _____ month year |
| | | | | | To _____ month year |
| | Type of Business | | | | Average hours worked weekly _____ |
| | Last Position Held | Supervisor's Name | | | Ending Base Salary \$ _____ |
| Name under which employed | | | | | |
| Your Job Duties (Be specific) | | | | | |
| | | | | | |
| | | | | | |
| Reason for Leaving | | | | | |
| 6 | Employer Name | Employer Contact Phone | | | Employment Dates |
| | Complete Mailing Address | City | State | Zip Code | From _____ month year |
| | | | | | To _____ month year |
| | Type of Business | | | | Average hours worked weekly _____ |
| | Last Position Held | Supervisor's Name | | | Ending Base Salary \$ _____ |
| Name under which employed | | | | | |
| Your Job Duties (Be specific) | | | | | |
| | | | | | |
| | | | | | |
| Reason for Leaving | | | | | |

Special Skills

| |
|--|
| Typing Speed: |
| List computer software applications you can use: |
| |
| |
| List any special equipment you can operate related to job(s) being sought: |
| |
| |
| List any other skills relative to the job(s) for which you are applying: |
| |
| |

Reference

Please list three (3) professional references, who have knowledge of your work qualifications. This may include previous or current employers.

| | Name | E-Mail | Telephone |
|----|------|--------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Permission for Reference Contact

I hereby give permission for ASU Mid-South to contact persons at my current/previous places of employment for references regarding my performance, attendance, and reasons for leaving. Such reference calls may include persons other than those I have listed as references in my application materials and may occur either prior to my employment by ASU Mid-South or during my employment.

I will hold neither the inquiring party/organization nor the responding party/organization liable for information exchanged regarding the execution of my duties and responsibilities.

I understand that any information released by my prior employers will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision and that I waive any rights to see this information.

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.

I (☐ do / ☐ do not) request that I be notified before persons at my current place of employment are contacted.

Signature of Applicant

Date of Signature

Nepotism

| | | | | |
|---|------|----------|------------------------------|-----------------------------|
| Are you related to a current ASU Mid-South employee? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 | Job Title | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

| | | | |
|--|--|------------------------------|-----------------------------|
| Have you previously worked for ASU Mid-South or any Arkansas State agency or institution? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please list agency/institution name: _____ | | | |
| Have you ever been convicted of a crime? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please explain: _____ | | | |
| <i>Note: A conviction is not an automatic bar to employment. The nature of the offense, date of offense, the surrounding circumstances, and relevance of the offense to the position applied for will be considered.</i> | | | |
| Are you required to register as a sex offender? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you one of the following?* | | | |
| <input type="checkbox"/> Current member of the Arkansas General Assembly | | | |
| <input type="checkbox"/> Current constitutional officer | | | |
| <input type="checkbox"/> Current Arkansas State employee | | | |
| <input type="checkbox"/> Former member of the Arkansas General Assembly | | | |
| <input type="checkbox"/> Former constitutional officer | | | |
| <input type="checkbox"/> Former Arkansas State employee | | | |
| Is your spouse, brother, sister, parent, and/or child of you or your spouse, one of the following?* | | | |
| <input type="checkbox"/> Current member of the Arkansas General Assembly | | | |
| <input type="checkbox"/> Current constitutional officer | | | |
| <input type="checkbox"/> Current Arkansas State employee | | | |
| <input type="checkbox"/> Former member of the Arkansas General Assembly | | | |
| <input type="checkbox"/> Former constitutional officer | | | |
| <input type="checkbox"/> Former Arkansas State employee | | | |
| <i>*Some business relationships may prohibit an agency from hiring you. If any option is checked in the above two questions, you will be required to disclose additional information if you are selected for an interview to determine whether your employment would be prohibited or would require approval by the state.</i> | | | |
| <i>By submitting this application, you understand that, should you become an employee of the State of Arkansas, you will be required to disclose any benefit obtained from a state contract by a business in which you have a financial interest, pursuant to ACA Section 19-77-706, and will be subject to civil, criminal, or administrative remedies if you fail to report such benefits. You understand that, should you become an employee of the State of Arkansas, you will be restricted both during and after state employment from certain activities concerning procurement and selling to the state, pursuant to ACA Section 19-11-709, and will be subject to civil, criminal, and/or administrative remedies if you violate any of these restrictions.</i> | | | |

Military History

Please answer if you believe you may be eligible for veterans preference consideration.

Are you a Veteran?

☐ Yes

☐ No

Veteran's Preference

1. Service connected disabled veterans. Proof Required: A,B 2. Spouses of service connected disabled veterans whose disability disqualifies them for appointment to the position for which the spouse is applying. Proof Required: A,B,D,F 3. Veterans over 55 years old who are disabled and entitled to pension or compensation under existing laws. Proof Required: A,G 4. Spouses of veterans listed in category 3 whose disability disqualifies them for appointment. Proof Required: A,D,E,G 5. Honorably discharged veterans. Proof Required: A 6. Surviving spouse of a deceased veteran who remains unmarried at the time preference is sought. Proof Required: C,D,E 7. Honorable current, retired, or discharged members of the National Guard or Reserve Forces of the United States who have served for a period of at least six (6) years. Proof Required: H

Individuals in categories 1, 2, 3 or 4 are given a higher preference by state law than individuals in categories 5, 6 or 7. No preference will be given until copies (not originals) of the necessary documents are voluntarily submitted to the Personnel Office. Please submit proof at the time of application, if possible, and check "Yes" in the category above if you desire veteran's preference. Proof Required: A. Honorable discharge or certificate of service (proof indicating date of entry and date of separation, such as Form DD-214). B. Service connected disability (letter from Veterans Administration dated within the last six months). C. Spouse's enlistment, induction or entry on active duty. D. Marriage license or certificate of marriage. E. Death certificate or other acceptable proof showing date of spouse's death. F. Affidavit showing spouse is so incapacitated that he/she is unable physically to hold position if appointed. G. Birth certificate or other acceptable proof of veteran's age and proof of disability. H. Letter from Guard or Reserve Unit, certificate of service, or other acceptable proof (proof indicating date of entry and years of service, such as Form 2-1).

How did you learn about this job opening?

☐ Newspaper

☐ Employment Security Department

☐ Personal Announcement

☐ Educational Institution—Name of Institution: _____

☐ Other—Explain: _____

Terms and Conditions of Application

Please read this statement carefully. By submitting this application, you are agreeing to the following terms:

I certify that the information given herein is true and complete to the best of my knowledge. I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination.

Arkansas State University Mid-South is an "At Will" employer. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with ASU Mid-South is of an "at will" nature, which means that the Employee may resign at any time and Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

I hereby give consent to any and all of my prior employers to provide information regarding my employment with them to ASU Mid-South. As authorized by the Quality in Hiring Act of 1999, this information may include date and duration of employment, current pay rate and wage history, job description and duties performed, last written performance evaluation prior to date authorization signed, attendance information, results of drug or alcohol tests administered within one year prior to request, threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee, whether separation was voluntary or involuntary and reason for separation, and eligibility for rehire.

I also understand that all job offers are contingent upon a satisfactory background check, and that criminal background checks are performed on the final candidate for each position, and some jobs may require credit checks, or special background checks, and that failure to meet the requirements may lead to my rejection as an applicant for, or termination from, that job.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I AGREE TO THE TERMS AND CONDITIONS ABOVE

☐ Yes, I understand and agree to the above mentioned terms.

☐ No, I do not agree to the above mentioned terms.

Signature of Applicant

Date of Signature