



APPLICATION FOR EMPLOYMENT

The following information is requested in order to help us make the best possible placement within our organization. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. ARORA, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicap or arrest record.

In addition to the Application the following information is required: cover letter, resume, three professional references, salary history, and salary requirement.

PLEASE PRINT

Name (Last) (First) (Middle)
Address City State Zip
Social Security Number Telephone No. Alternate Tel. No.

Are you legally entitled to work in the United States Yes No

Have you been convicted of a crime (felony or misdemeanor)? Yes No If yes, name

How were you referred to ARORA?

Have you ever applied for a job with ARORA? Yes No If yes, where and when?

Have you ever worked at ARORA before? Yes No If yes, when?

POSITION FOR WHICH YOU ARE APPLYING?

Salary expected Per If your application is considered favorably, on what date can you start work?

EDUCATION

Table with columns: SCHOOL NAME, ADDRESS, No. Yrs Attended, Degree/Major. Rows include HIGH, COLLEGE, GRADUATE, OTHER, COURSES NOW STUDYING.

**COMPREHENSIVE EMPLOYMENT RECORD (Please list most recent position first. Attach additional pages if more space is needed)**

<i>Dates</i>	<i>Position Title</i>	<i>Salary</i>
<i>Names &amp; Address of Employer</i>		
<i>Exact reason for leaving</i>		
Telephone	Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Dates</i>	<i>Position Title</i>	<i>Salary</i>
<i>Names &amp; Address of Employer</i>		
<i>Exact reason for leaving</i>		
Telephone	Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

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<i>Names &amp; Address of Employer</i>		
<i>Exact reason for leaving</i>		
Telephone	Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

TRAINING, SKILLS, OR NOTEWORTHY ACHIEVEMENTS:

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I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any details is grounds for disqualification from further consideration or for dismissal from employment in accordance with ARORA policy. I agree to conform to the rules and regulations of the organization, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the organization or myself. I further understand that no personnel recruiter, interviewer, or the representative of the company, other than the Executive Director, has any authority to enter into any agreement for employment for any specified period of time

**Pre-Employment Drug/Alcohol Testing Consent and Release Form** I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by ARORA pursuant to its policy regarding the selection of applicants for employment.

I further authorize and give full permission to have ARORA and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs or controlled substances that would prohibit me from being employed at this Company. I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**Employment Verification**

**I hereby authorize Arkansas Regional Organ Recovery Agency ("the Company") to contact any company, person, or educational institution I listed as a reference on my resume and/or employment application. I hereby allow any company, person, or educational institute I listed as a reference on my employment application to disclose any information they may have regarding my qualifications for employment, including but not limited to employment dates, descriptions of jobs performed, salary and wage rates and personal attributes, threats of violence, harassing acts or threatening behavior related to the workplace or directed at another employee, reason for separation for employment, and eligibility for rehire. It is confidential and will not be used for any other purposes.**

**I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.**

Print Name

Signature

Today's Date

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