

CENTER FOR ARKANSAS LEGAL SERVICES
APPLICATION FOR EMPLOYMENT

Application must be completed *in full even though same information is included on your resume*

Note: The Center is a smoke-free workplace.

PERSONAL INFORMATION

Name		Date
Present Address		
Permanent Address		
Home Telephone	Work Telephone	Other Telephone
Do you have a car available for transportation during work hours? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYMENT DESIRED

Position	Office(s) Little Rock	
Date you can begin work	Salary Desired	
Have you ever applied for employment with us before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and for what position?		
List any special conditions or circumstances that will affect your acceptance of employment here (include any CALS offices in which you will not locate.):		

EDUCATION

	Name & Location	Years Attended	Major & Degree	Grade Pt Ave	GPA Scale
High School					
College					
College					
Graduate School					
Business/Other					

JOB REFERENCES

Name	Address	Business & Home Phone Nos.	Occupation	Years Acquaintance

State the name(s) of any employee with the Center for Arkansas Legal Services with whom you are acquainted.

EMPLOYMENT HISTORY

Date Month/Year	Name, address & phone number of employer	Your Position	Name of Supervisor	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

COMPUTER/OFFICE SKILLS

Program	Proficiency
<input type="checkbox"/> MS-Word <input type="checkbox"/> WordPerfect	<input type="checkbox"/> Power User <input type="checkbox"/> Proficient <input type="checkbox"/> Some Experience <input type="checkbox"/> Familiar <input type="checkbox"/> Took a Class
<input type="checkbox"/> MS-Excel	<input type="checkbox"/> Power User <input type="checkbox"/> Proficient <input type="checkbox"/> Some Experience <input type="checkbox"/> Familiar <input type="checkbox"/> Took a Class
<input type="checkbox"/> MS-PowerPoint	<input type="checkbox"/> Power User <input type="checkbox"/> Proficient <input type="checkbox"/> Some Experience <input type="checkbox"/> Familiar <input type="checkbox"/> Took a Class
<input type="checkbox"/> DreamWeaver <input type="checkbox"/> ASP <input type="checkbox"/> HTML <input type="checkbox"/> FrontPage	<input type="checkbox"/> Power User <input type="checkbox"/> Proficient <input type="checkbox"/> Some Experience <input type="checkbox"/> Familiar <input type="checkbox"/> Took a Class
<input type="checkbox"/> MS-Outlook	<input type="checkbox"/> Power User <input type="checkbox"/> Proficient <input type="checkbox"/> Some Experience <input type="checkbox"/> Familiar <input type="checkbox"/> Took a Class
<input type="checkbox"/> Access <input type="checkbox"/> Crystal Reports	<input type="checkbox"/> Power User <input type="checkbox"/> Proficient <input type="checkbox"/> Some Experience <input type="checkbox"/> Familiar <input type="checkbox"/> Took a Class
<input type="checkbox"/> Accounting software (be specific)	<input type="checkbox"/> Power User <input type="checkbox"/> Proficient <input type="checkbox"/> Some Experience <input type="checkbox"/> Familiar <input type="checkbox"/> Took a Class
<input type="checkbox"/> SPSS <input type="checkbox"/> Mapping Software	<input type="checkbox"/> Power User <input type="checkbox"/> Proficient <input type="checkbox"/> Some Experience <input type="checkbox"/> Familiar <input type="checkbox"/> Took a Class
Other (be specific)	

ATTORNEY APPLICANTS

Date of Admission to the Arkansas Bar	Month	Year
Date of Admission to the _____ Bar (State)	Month	Year
If you are not licensed in Arkansas or do not qualify for admission by reciprocity, give the date you plan to take the Arkansas Bar exam.	Month	Year

I authorize the investigation of all statements contained on this application, including the contacting of present and former employers and references. I understand that misrepresentation or omission of facts called for in this application is cause for dismissal.

Signature _____

ALL APPLICANTS MUST SUBMIT A RESUME. ALL APPLICANTS EXCEPT CLERICAL/RECEPTIONIST MUST SUBMIT A WRITING SAMPLE (PAPER NOT TO EXCEED 20 PAGES) RESUMES AND WRITING SAMPLES CANNOT BE RETURNED.