



**United Way of
Northwest Arkansas**

100 Parkwood Street
Lowell, AR 72745
T: 479-303-4412
F: 479-770-0133
unitedwaynwa.org

APPLICATION FOR EMPLOYMENT

United Way of Northwest Arkansas is an equal opportunity employer.

NAME

DATE

POSITION FOR WHICH YOU ARE APPLYING

The careful and thoughtful completion of this application is an important step in our consideration of individuals for employment opportunities. We ask that you complete all areas of this application applicable to the position for which you are applying. Please print or type and use separate sheets to complete answers when necessary. All applicants are considered for all positions without regard to race, color, sex, age, religion, national origin, disability, sexual orientation or any legally protected status.

OUR MISSION

Uniting our communities to empower people and improve lives

OUR KEY ISSUE

Children Living in Poverty

OUR GOAL

Providing every child a Pathway out of Poverty

PERSONAL

LAST NAME	FIRST NAME	MI
CURRENT ADDRESS (STREET, CITY, STATE, ZIP)		
E-MAILADDRESS		TELEPHONE NO. ()

DATE AVAILABLE	SALARY EXPECTED	SEEKING EMPLOYMENT FOR: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER	BY WHOM OR HOW WERE YOU REFERRED?
ARE YOU UNDER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PROOF OF ELIGIBILITY TO WORK WILL BE REQUIRED.)			WILL YOU WORK OVERTIME IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY UNITED WAY? YES NO
(IF YES, LIST ORGANIZATION AND DATE.) _____

TYPE	SCHOOL NAME, CITY & STATE	MAJOR COURSE	ATTENDED	DEGREE
HIGH SCHOOL				DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO
JUNIOR COLLEGE			FROM: TO:	DEGREE RECEIVED TYPE _____ COMPLETED
COLLEGE			FROM: TO:	DEGREE RECEIVED
GRADUATE SCHOOL			FROM: TO:	DEGREE RECEIVED
TRADE OR BUSINESS SCHOOL			FROM: TO:	CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIAL QUALIFICATIONS

CHECK ANY OF THE FOLLOWING SKILLS YOU POSSESS

CLERICAL: TYPING CORRESPONDENCE BOOKKEEPING OTHER _____
 FILING 10-KEY CALCULATOR COPIER / FAX _____

FOREIGN LANGUAGE(S): (INCLUDE LEVEL OF ABILITY WITH REGARD TO READING, WRITING, SPEAKING)

COMPUTER-RELATED SKILLS:

OPERATING SYSTEMS <input type="checkbox"/> MS Windows XP <input type="checkbox"/> MS Windows 2000 <input type="checkbox"/> Mac OS <input type="checkbox"/> Linux <input type="checkbox"/> Novell <input type="checkbox"/> Other _____	PROGRAMMING <input type="checkbox"/> HTML / DHTML / XML <input type="checkbox"/> JAVA / JAVASCRIPT <input type="checkbox"/> ASP / ASP.NET <input type="checkbox"/> SQL <input type="checkbox"/> VISUAL BASIC <input type="checkbox"/> Other _____	OTHER COMPUTER-RELATED SKILLS / KNOWLEDGE _____ _____ _____ _____
SOFTWARE <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> MS Access <input type="checkbox"/> MS Outlook	MISCELLANEOUS <input type="checkbox"/> Network Administration <input type="checkbox"/> Help Desk <input type="checkbox"/> Other _____	OTHER SOFTWARE _____ _____ _____

EMPLOYMENT HISTORY

STARTING WITH THE MOST RECENT EMPLOYER, LIST ALL WORK EXPERIENCE. USE ADDITIONAL SHEET IF NECESSARY.

COMPANY NAME	EMPLOYMENT DATES FROM: _____ TO: _____
ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO. _____
JOB TITLE	SALARY START: _____ FINAL: _____
SUPERVISOR	TYPE OF BUSINESS _____
BRIEF JOB DESCRIPTION	
REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY NAME	EMPLOYMENT DATES FROM: _____ TO: _____
ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO. _____
JOB TITLE	SALARY START: _____ FINAL: _____
SUPERVISOR	TYPE OF BUSINESS _____
BRIEF JOB DESCRIPTION	
REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY NAME	EMPLOYMENT DATES FROM: _____ TO: _____
ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO. _____
JOB TITLE	SALARY START: _____ FINAL: _____
SUPERVISOR	TYPE OF BUSINESS _____
BRIEF JOB DESCRIPTION	
REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY NAME	EMPLOYMENT DATES FROM: _____ TO: _____
ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO. _____
JOB TITLE	SALARY START: _____ FINAL: _____
SUPERVISOR	TYPE OF BUSINESS _____
BRIEF JOB DESCRIPTION	
REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL LICENSES, CERTIFICATES OR PROFESSIONAL MEMBERSHIPS: _____

VOLUNTEER EXPERIENCE

LIST ALL VOLUNTEER EXPERIENCE.
USE ADDITIONAL SHEET IF NECESSARY.

ORGANIZATION NAME	VOLUNTEER DATES FROM: _____ TO: _____
ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO. _____
JOB TITLE	SUPERVISOR _____
BRIEF JOB DESCRIPTION	

ORGANIZATION NAME	VOLUNTEER DATES FROM: _____ TO: _____
ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO. _____
JOB TITLE	SUPERVISOR _____
BRIEF JOB DESCRIPTION	

BUSINESS REFERENCES

PLEASE DO NOT INCLUDE RELATIVES OR SOCIAL ACQUAINTANCES.

NAME	ADDRESS (CITY, STATE, ZIP)	TELEPHONE	OCCUPATION

ACKNOWLEDGMENT

(Please read this carefully before signing)

I understand that United Way of Northwest Arkansas requires certain information about me in order to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize United Way of Northwest Arkansas to investigate my past employment, educational credentials and other employment-related activities. I agree to cooperate in such investigations and release all parties from all liability or responsibility with respect to the information supplied.

I also understand that any employment with United Way of Northwest Arkansas is at-will and would not be for any fixed period of time and that if employed, I may resign at any time for any reason and that United Way of Northwest Arkansas may terminate my employment at any time for any reason. I further acknowledge my understanding that statements which may be contained in policies, handbooks and other United Way material do not create any guarantee of employment. I also understand that no supervisor, manager, executive or any other employee or agent of United Way of Northwest Arkansas has the authority to alter the above and any promises to the contrary will only be relied upon by me if they are in writing and signed by the President of United Way of Northwest Arkansas.

I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with any other matter concerning my employment will be grounds for immediate discharge, any time during my employment, if I am employed.

I understand that any offer of employment that may be made to me will be contingent upon a medical evaluation that I am able to perform the essential functions of the job, with or without reasonable accommodation, and that as part of that medical evaluation I will be required to pass a drug screen.

I understand that it is company policy to hire only individuals authorized to work in the United States and that proof of authorization to work will be required upon employment.

SIGNATURE

DATE