



EMPLOYMENT APPLICATION FOR THE ARKANSAS GAME AND FISH COMMISSION

PLEASE READ THIS - Applications for employment with the Arkansas Game and Fish Commission are accepted without regard to sex, race, color, national origin, handicap/disability, age, religion, or political affiliation. Qualified applicants with disabilities may request any needed accommodations to participate in the application process. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the Commission.

PLEASE ANSWER ALL QUESTIONS WHICH APPLY TO YOU. IF THEY DO NOT APPLY, MARK THEM "N/A".

PLEASE TYPE OR WRITE LEGIBLY USING BLACK OR BLUE INK.

To be completed by Human Resources.

Keyed by: _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____ County _____

Home Phone Number _____ Work Phone Number _____ Message or Other Phone Number _____

List title(s) of position(s) for which you are applying. At least one job title must be listed or your application will be returned. A list of positions utilized by the Commission is available from the Human Resources Division.

Title No. 1 _____ Title No. 3 _____

Title No. 2 _____ Title No. 4 _____

EMPLOYMENT STATUS SECTION

Will you accept employment anywhere within the State?

Yes _____ No _____

If no, where would you accept employment?

NOTE: All wildlife officer applicants must be willing to relocate.

EDUCATIONAL HISTORY

Did you graduate from high school? _____ If not, do you have a G.E.D.? _____

List below all schools, colleges, universities, trade/vocational, or others attended.

Name of School & Location	Dates Attended	Major/Minor	Type of Degree Awarded	Semester Hours Completed	Date Graduated

Indicate type of employment you will accept.

Full Time Part Time Temporary

Date available for employment: _____

Have you ever been employed by Arkansas State Government?

Yes _____ No _____

LIST ANY SPECIAL SKILLS

Typing _____ wpm 10-key by touch _____

List the business machines, computers and word processors you can operate: _____

List any other skills relative to the job for which you are applying: _____

May we contact your present employer?

Yes _____ No _____

May we contact your former employers?

Yes _____ No _____

WORK HISTORY

List below your prior work experience, including military service, beginning with your most recent employer. Include **all** work experience even if you do not believe that experience to be related to the position(s) for which you are applying. If there is not enough space provided, use a separate sheet to continue. Include volunteer work as part of your work history. When completing the work history section, make sure all the required information is included.

Employer: _____ Phone: _____	EMPLOYMENT DATES	Average Hours Worked Per Week?	SALARY	REASON FOR LEAVING
Type Business: _____	From: _____ To: _____	_____	\$ _____	_____
Address: _____	_____ _____		Lowest	_____
Supervisor: _____	_____ _____	_____	\$ _____	_____
Name under which employed: _____	Month/Year Month/Year	_____	Highest	_____
Your Job Title: _____	Your Job Duties: _____			

Employer: _____ Phone: _____	EMPLOYMENT DATES	Average Hours Worked Per Week?	SALARY	REASON FOR LEAVING
Type Business: _____	From: _____ To: _____	_____	\$ _____	_____
Address: _____	_____ _____		Lowest	_____
Supervisor: _____	_____ _____	_____	\$ _____	_____
Name under which employed: _____	Month/Year Month/Year	_____	Highest	_____
Your Job Title: _____	Your Job Duties: _____			

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Supervisor: _____	_____ _____	_____	\$ _____	_____
Name under which employed: _____	Month/Year Month/Year	_____	Highest	_____
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Address: _____	_____ _____		Lowest	_____
Supervisor: _____	_____ _____	_____	\$ _____	_____
Name under which employed: _____	Month/Year Month/Year	_____	Highest	_____
Your Job Title: _____	Your Job Duties: _____			

NEPOTISM - Do you have any relative who is employed by the Commission, or who is a Commissioner or other State official? Yes No
 If yes, list here: Name _____ Relation _____ (This question is asked solely to ensure compliance with applicable laws and policies.)

PLEASE LIST THREE (3) REFERENCES, OTHER THAN FORMER EMPLOYERS OR RELATIVES, WHO HAVE KNOWLEDGE OF YOUR WORK QUALIFICATIONS.

Name	Address	Phone Number

BEFORE YOU SIGN THIS APPLICATION CHECK OVER YOUR ANSWERS TO MAKE SURE THAT ALL THE QUESTIONS HAVE BEEN COMPLETED PROPERLY. IF THE JOB YOU ARE APPLYING FOR REQUIRES A COLLEGE DEGREE OR CERTIFICATION, A COPY OF YOUR TRANSCRIPT, CERTIFICATE OR LICENSE MAY BE REQUIRED AS A CONDITION OF EMPLOYMENT.

I, THE BELOW SIGNED INDIVIDUAL, HEREBY DO DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND MY ABILITY, THE INFORMATION ON THIS APPLICATION IS TRUE AND FACTUAL. I UNDERSTAND THAT INTENTIONALLY FALSE STATEMENTS COULD LEAD TO MY DISMISSAL AS AN EMPLOYEE OR REJECTION AS AN APPLICANT. I ALSO UNDERSTAND THE FOLLOWING:

1. Some jobs require background checks, security clearance and/or compliance with other hiring policies prior to my employment, or as a condition of my employment. Failure to meet these requirements may lead to my rejection as an applicant for, termination from, that job.
2. I must provide documented proof that I am authorized to work in the United States as required by the Federal Immigration Reform and Control Act as a condition to any employment.
3. **I understand my application will only be considered for the advertised position(s) listed on this application.**
4. This application is subject to disclosure as a public record under the Freedom of Information Act.
5. I understand that this application does not, by itself, create a contract of employment and agree that, if hired, my employment is for no definite period of time, and I may be terminated at any time.

Signature of Applicant

Date of Signature

YOUR APPLICATION WILL BE RETURNED IF NOT SIGNED OR IS OTHERWISE INCOMPLETE.

EQUAL EMPLOYMENT DATA This section is designed to collect information which will be used in the completion of various state and federal reports and will not be used in the processing of, or remain part of, your application.

The completion of this section is voluntary.

Check one of the five (5) listed which you consider yourself to be:

1. ____ WHITE, NOT HISPANIC
2. ____ BLACK, NOT HISPANIC
3. ____ HISPANIC
4. ____ AMERICAN INDIAN or ALASKAN NATIVE
5. ____ ASIAN or PACIFIC ISLANDER

Applicant's Name _____

Male

Date of Birth _____

Female

Social Security No. _____

How did you learn of this job opening?

MILITARY HISTORY RECORD

Service Branch _____

Date Entered _____

Date Discharged _____

Type of Discharge _____

Are you requesting Veteran's preference (See information on back.)

Yes No

(The required documentation must be attached in order to receive preference.)

ARKANSAS GAME AND FISH COMMISSION
HUMAN RESOURCES DIVISION
#2 NATURAL RESOURCES DRIVE
LITTLE ROCK, ARKANSAS 72205

IF YOU WISH TO MAKE COMMENTS CONCERNING YOUR QUALIFICATIONS FOR THE JOB(S) FOR WHICH YOU ARE APPLYING OR EXPLAIN YOUR RESPONSE TO ANY OF THE QUESTIONS YOU COMPLETED ON THIS APPLICATION, ATTACH INDIVIDUAL PAGES CONTAINING THIS INFORMATION. THESE COMMENTS MAY INCLUDE DETAILS CONCERNING YOUR PAST WORK, REASONS FOR LEAVING FORMER JOBS, AND OTHER INFORMATION WHICH MAY BE HELPFUL IN EVALUATING YOUR APPLICATION FOR EMPLOYMENT.

VETERAN'S PREFERENCE

After meeting substantially equal qualifications criteria, the following Arkansas citizens are entitled to preference in appointment and employment:

PROOF REQUIRED*	CATEGORY
A,B	1. Service connected disabled veterans.
A,B,D,F	2. Spouses of service connected disabled veterans whose disability disqualifies them for appointment to the position for which the spouse is applying.
A,G	3. Veterans over 55 years old who are disabled and entitled to pension or compensation under existing laws.
A,D,F,G	4. Spouses of veterans listed in 3. whose disability disqualifies them for appointment.
A	5. Honorably discharged veterans.
C,D,E	6. Surviving spouse of a deceased veteran who remains unmarried at the time preference is sought.
H	7. Honorable current, retired, or dischar

No preference will be given until copies (not originals) of the necessary documents are submitted to the Commission Human Resources Division. Please submit proof at the time of application, if possible, and check "Yes" on the previous page if you request veteran's preference.

*Proof Required

- A. Honorable Discharge or Certificate of Service (proof submitted must show date of entry and date of separation, i.e. DD-214).
- B. Service connected disability (letter from Veteran's 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).