

# ARKANSAS REGIONAL ORGAN RECOVERY AGENCY

## 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.

### PLEASE PRINT

\_\_\_\_\_  
(Last) (First) (Middle)

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Alternate Tel. No. \_\_\_\_\_

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

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

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 \_\_\_\_\_ Other positions for which you would like to be considered \_\_\_\_\_

If your application is considered favorably, on what date can you start work? \_\_\_\_\_

### EDUCATION

\_\_\_\_\_  
SCHOOL NAME ADDRESS No. Yrs. Attended Degree Major

HIGH \_\_\_\_\_

COLLEGE \_\_\_\_\_

GRADUATE \_\_\_\_\_

OTHER \_\_\_\_\_

COURSES NOW STUDYING \_\_\_\_\_

**EMPLOYMENT RECORD** (Please list most recent position first)

DATES	NAMES & ADDRESS OF EMPLOYER	JOB DESCRIPTION	SALARY	EXACT REASON FOR LEAVING
From _____			\$ _____	
To _____			From _____	
			To _____	
Telephone _____	Supervisor _____		May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From _____			\$ _____	
To _____			From _____	
			To _____	
Telephone _____	Supervisor _____		May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From _____			\$ _____	
To _____			From _____	
			To _____	
Telephone _____	Supervisor _____		May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	
From _____				
To _____			From _____	
			To _____	
Telephone _____	Supervisor _____		May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	

TRAINING, SKILLS, OR NOTEWORTHY ACHIEVEMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 DETAIL 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 OR INTERVIEWER OR OTHER REPRESENTATIVE OF THE COMPANY, OTHER THAN THE EXECUTIVE DIRECTOR OR DIRECTOR OF DATA AND FINANCE, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_



# RELEASE AUTHORIZATION

## APPLICANT COMPLETE THE FOLLOWING

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.  
If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(s) ordered, Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **ARORA** or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. 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.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex:  Male  Female

Race:  Asian  Black  Hispanic  White  Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

### IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My commission expires

**Arkansas Regional Organ Recovery Agency**



**CONSENT TO PERFORM**

I, \_\_\_\_\_, CONSENT TO THE COLLECTION OF A BLOOD AND/OR URINE SAMPLE, AS REQUESTED BY ARKANSAS REGIONAL ORGAN RECOVERY AGENCY (ARORA) FOR THE PURPOSE OF DETERMINING ILLEGAL USE OF DRUGS AND/OR ALCOHOL.

I UNDERSTAND THAT MY REFUSAL TO COOPERATE FULLY WITH THIS REQUEST MAY BE GROUNDS FOR TERMINATION AND/OR THE WITHDRAWING OF ANY CONDITIONAL OFFERS OF EMPLOYMENT.

I ALSO UNDERSTAND THAT A POSITIVE TEST RESULT FOR DRUGS AND/OR ALCOHOL IS GROUNDS FOR TERMINATION AND/OR WITHDRAWING OF ANY CONDITIONAL OFFERS OF EMPLOYMENT.

**NAME (print):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_