

1916 Hwy 25B, Heber Springs, AR 72543
 7379 Greers Ferry Rd, Greers Ferry, AR 72067

F.L. Davis Centers
APPLICATION FOR EMPLOYMENT

240 N Curtis, Pea Ridge, AR 72751
 2913 E Kiehl Ave, Sherwood, AR 72120

AN EQUAL OPPORTUNITY EMPLOYER

NAME - LAST	FIRST	MIDDLE	POSITION DESIRED	SOCIAL SECURITY NUMBER	TODAYS DATE: DATE AVAILABLE:
ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER:	Do you wish to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/>
Please indicate hours you are available to work:					
<u>Monday</u> <u>Tuesday</u> <u>Wednesday</u> <u>Thursday</u> <u>Friday</u> <u>Saturday</u> <u>Sunday</u>					

EDUCATION			SKILLS	
NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	MAJOR COURSE(S)	<input type="checkbox"/> POS MACHINE	<input type="checkbox"/> ELECTRICAL
HIGH SCHOOL			<input type="checkbox"/> KEY CUTTING MACHINE	<input type="checkbox"/> PLUMBING
			<input type="checkbox"/> PAINT MIXING MACHINE	<input type="checkbox"/> BUILDING CONSTRUCTION
COLLEGE			<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> PERSONAL COMPUTER
GRAD. SCHOOL			<input type="checkbox"/> OTHER SKILLS:	
OTHER				

EMPLOYMENT HISTORY

Give Names and Addresses of All Previous Employers. If you are now working, present employer and reason for desire to quit must be included. Additional paper will be provided upon request. Also give reason for any lapse of time between jobs. **MAY WE CONTACT YOUR CURRENT EMPLOYER?:** YES NO

EMPLOYER (Latest First)	DATES EMPLOYED	EARNINGS HISTORY	TITLE AND DUTIES	REASON FOR LEAVING
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP				
TELEPHONE	SUPERVISOR	TO		
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP				
TELEPHONE	SUPERVISOR	TO		
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP				
TELEPHONE	SUPERVISOR	TO		
NAME	FROM	START		
ADDRESS CITY/STATE/ZIP				
TELEPHONE	SUPERVISOR	TO		

MILITARY SERVICE	BRANCH	FINAL RANK/GRADE	SPECIALTY/MOS	RESERVE STATUS
Have you ever been employed by our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN	WHERE	
Do you have any relatives employed by our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state person's name, job and employment location. _____				

GENERAL INFORMATION

Do you consent to a background check? YES NO

If hired, can you furnish proof of age? YES NO If, hired, can you furnish proof you are legally entitled to work in U.S.? YES NO

How did you hear of our Company? Employee Referral _____
name of employee Own Accord Advertising Agency _____
name _____
other

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company?

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:

This application is considered current for 90 days. If you want to be considered for employment after this time you must renew your application in writing.

We conduct background checks and drug testing before hiring.

I certify that the information contained in this application and/or any supplement thereto, is correct to the best of my knowledge and understand that any mis-statement or omission of information is grounds for dismissal in accordance with Company Policy. I authorize F.L. Davis to contact my current and prior employers and/or above references and request any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I expressly release F.L. Davis and all parties providing such information from any and all liability or responsibility for damage that may result from furnishing the same to you.

If I am offered a position with F.L. Davis, I agree to conform to the applicable rules, regulations and policies of F.L. Davis, and acknowledge that my employment and compensation can be terminated at any time with or without cause, and with or without notice, at the option of F.L. Davis or myself. I further understand that no representative of F.L. Davis has any authority to make any agreement contrary to the foregoing or to bind F.L. Davis for the employment of any person for any specified period of time.

Date _____ Applicant's Signature _____

You must fill in your own application and fully complete this application in order to receive proper consideration.