



a Division of Ark Industries & Rehabilitation Center

Selected Programs accredited by CARF... The Rehabilitation Accreditation Commission

1150 N 3rd · Laramie, WY 82072

Phone: (307)742-6641 Fax: (307)742-9203

Web: www.arkregionalservices.org

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a no-job-related disability.

Date: _____ Position Applied for: _____ Date Available for work: _____

Name: _____ Social Security #: _____
Last First MI

Address: _____
Street City State Zip Code

Home Phone #: _____ Alternate Phone Number: _____

Relatives working for the Ark Regional Services (Name, relation and position in which they work): _____

Have you ever been employed by the Ark Regional Services? Yes No

If yes, position: _____ Dates of employment: _____

Supervisor's name & title: _____

Reason for leaving: _____

Are you willing to:	Yes	No	Are you available to work?	
Work over 40 hours per week?	<input type="checkbox"/>	<input type="checkbox"/>	Full-time?	<input type="checkbox"/>
Work Shifts?	<input type="checkbox"/>	<input type="checkbox"/>	Part-time?	<input type="checkbox"/>
Work Nights?	<input type="checkbox"/>	<input type="checkbox"/>	Temporary?	<input type="checkbox"/>
Work Saturdays?	<input type="checkbox"/>	<input type="checkbox"/>		
Work Sundays?	<input type="checkbox"/>	<input type="checkbox"/>		
Work Holidays?	<input type="checkbox"/>	<input type="checkbox"/>		
Sleep-over?	<input type="checkbox"/>	<input type="checkbox"/>		

COMPLETE THIS SECTION ONLY

IF THE MINIMUM QUALIFICATIONS OF THE JOB THAT YOU ARE APPLYING FOR REQUIRE THAT YOU HAVE A VALID DRIVER'S LICENSE

- 1.) Are you at least twenty years of age? Yes No
- 2.) If you are between the ages of twenty and twenty-two, do you have a clear driving record? Yes No NA
- 3.) Have you had more than two minor traffic violations such as speeding within the last three years? Yes No
- 4.) Have you had a major violation such as a DUI, Reckless Driving, Leaving the Scene, or suspended license within the last five years? Yes No

ALL EMPLOYEES AT ARK REGIONAL SERVICES HAVE CONTACT WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES: **THEREFORE ALL APPLICANTS MUST COMPLETE THIS SECTION.**

Have you ever been convicted of an offense of abuse, neglect, and exploitation of children or disabled adults or crimes against the person(s) or property including but not limited to simple assault and battery or offenses against the family such as violation of order of protection? Yes No

If yes: Date of conviction: _____ Describe Circumstances: _____

Have you been convicted of a felony within the last 7 years? Yes No

If yes: Date of conviction: _____ Describe Circumstances: _____

The existence of a record of convictions for criminal offenses is not considered an automatic bar to employment.

Do you have a High School Diploma or GED Certificate? Yes No Last High School Attended: _____

College or Vocational School	Dates		Sem. Hours	Qtr Hours	Major	Minor	Degree Earned
	From	To					

List other job-related special qualifications and skills. Include special training, skills with machines including computers, typing or shorthand speed, language skills, memberships in professional associations, honors, awards, publications, licenses or registrations. For licenses and registrations please note expirations dates and license/registration number.

Work history: List jobs in reverse order starting with your present or last job. List your entire work history including volunteer, part-time, temporary, self-employment and military jobs. List each promotion as a separate job. This section

must be accurate and complete. If more space is needed, attach additional sheets in the same format including your name, social security number and job title. **Ark Regional Services will do a complete background verification of your work and Personal history including police records.**

Employer/Company: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

From: Mo/Yr _____ To: Mo/Yr _____ Hours worked per week: _____

Supervisor: _____ May we contact? Yes No Phone #: _____

Did you supervise? Yes No If yes, number of employees supervised? _____

Reason for leaving: _____

General Duties: _____

Employer/Company: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

From: Mo/Yr _____ To: Mo/Yr _____ Hours worked per week: _____

Supervisor: _____ May we contact? Yes No Phone #: _____

Did you supervise? Yes No If yes, number of employees supervised? _____

Reason for leaving: _____

General Duties: _____

Employer/Company: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

From: Mo/Yr _____ To: Mo/Yr _____ Hours worked per week: _____

Supervisor: _____ May we contact? Yes No Phone #: _____

Did you supervise? Yes No If yes, number of employees supervised? _____

Reason for leaving: _____

General Duties: _____

Employer/Company: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

From: Mo/Yr _____ To: Mo/Yr _____ Hours worked per week: _____

Supervisor: _____ May we contact? Yes No Phone #: _____

Did you supervise? Yes No If yes, number of employees supervised? _____

Reason for leaving: _____

General Duties: _____

Personal References

List name, address including street, city, state and zip code and telephone number of three references who **are not related** and *are not previous employers*. Providing this information means that you give this organization permission to contact the references listed.

Name	Address	City	State Zip	Phone #
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Name	Address	City	State Zip	Phone #
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Name	Address	City	State Zip	Phone #
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APPLICANT'S ACKNOWLEDGEMENTS

(This application shall be considered active for the job vacancy listed and for no more than 60 days. After that time, the applicant will be required to resubmit a completed application. **THE APPLICANT UNDERSTANDS THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT FROM THIS EMPLOYER CONSTITUTES AN EMPLOYMENT CONTRACT.**)

I certify that all information contained on this application is true and that I have provided complete responses to all requests for information on the application. I give Ark Regional Services and its authorized agents permission to verify and investigate any employment, license, criminal background, and personal reference information given in connection with this application. In the event that I am employed, I understand that any false or misleading information I knowingly provided on my application, during my interview or hiring process may result in discharge and/or legal action.

ACKNOWLEDGEMENT OF AT-WILL EMPLOYMENT

I UNDERSTAND THAT IF I AM HIRED BY ARK REGIONAL SERVICES, MY EMPLOYMENT, COMPENSATION AND/OR BENEFITS CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT THE OPTION OF EITHER THE ARK OR MYSELF. I ALSO UNDERSTAND THAT NO EMPLOYEE, MANAGER OR SUPERVISOR OF THE ARK HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT OR MAKE ANY PROMISES FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OR TIME OR MAKE ANY STATEMENTS OR PROMISES CONTRARY TO THIS DISCLAIMER, UNLESS SUCH AGREEMENT IS IN WRITING AND SIGNED BY THE CHIEF EXECUTIVE OFFICER. I UNDERSTAND THAT, IF I AM HIRED, NO CONDUCT OR STATEMENT, VERBAL OR WRITTEN WHICH CONTRADICTS THIS DISCLAIMER CAN CONSTITUTE AN EXPRESS OR IMPLIED CONTRACT REGARDING MY EMPLOYMENT, AND I SHOULD NOT RELY ON ANY SUCH CONDUCT OR STATEMENTS.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____