



PULASKI
Technical College

Dedicated to your success

3000 West Scenic Drive
North Little Rock, AR 72118
Telephone (501) 812-2839
Fax (501) 771-2844
www.pulaskitech.edu

Employment Application

- Applications for employment with Pulaski Technical College are accepted without regard to sex, race or color, national origin, handicap/disability, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the college.
- Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.
- Applications filed do not create a contract of employment with Pulaski Technical College. If any individual is hired, employment is not for any definite period of time. Individuals hired will also be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.
- Qualified applicants with disabilities, as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, may request any needed accommodations to participate in the application process.
- Electronic versions of the employment application may be submitted via e-mail to humanresources@pulaskitech.edu. In order for your employment application to be accepted with a digital signature, please type your complete name in both of the signature fields.

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. This page must be returned, even if left blank.

Applicant's Name

Date of Birth

Male Female

Are you Hispanic or Latino?

Yes No

Specify your race/ethnicity. If you are of two or more races, please mark all applicable races/ethnicities.

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).

Black or African American (A person having origins in any of the black racial groups of Africa).

American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment).

Native Hawaiian or Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

Military History

If you believe you may be eligible for veteran's preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans preference. Under certain conditions spouses, widows, or widowers of qualified veterans may also be eligible for veteran's preference. For consideration of veterans preference, proof such as a DD-214, current letter from the Veterans Administration, or other official documentation may be required.

Have you served on active duty in the United States military, excluding Active Duty for Training (AcDuTra) and Reserve Military Annual Training (AT)? Yes No

Branch of service

Date of entry

Date of discharge

Type of discharge

How did you learn of this job opening?

Newspaper Please specify _____

PTC Job Vacancy announcement or Internet Web site

Educational Institution Name of Institution: _____

Other Explain: _____

APPLICATION FOR EMPLOYMENT

Please answer all questions which apply to you. If they do not apply, mark them N/A. Print or type legibly.

Last Name	First Name	MI	
Complete Mailing Address	City	State	Zip Code County
Home Telephone Number	Work Telephone Number	Message or Alternate Telephone Number	

Position(s) for which you are applying (give title(s) if known):

1. _____

2. _____

3. _____

■ EMPLOYMENT STATUS SECTION

Will you accept any type of employment? Yes No

If no, check which type(s) of employment you will accept. Full Employment Part Time Temporary

Teaching Availability for adjunct faculty position(s): Days Evenings Weekends On-line

Have you ever filed an application for employment at Pulaski Technical College? Yes No

If yes, what was your name at that time?

Have you ever been employed by Arkansas State Government? Yes No

List professional license(s) relevant to position(s) for which you are applying. Give type of license, license number, date of expiration, and state.

May we contact your current employer? Yes No

May we contact your former employer(s)? Yes No

■ EDUCATIONAL HISTORY

Did you graduate from high school? Yes No If not, do you have a G.E.D.? Yes No

List highest grade completed if none of the above applies. _____

Unofficial College Transcripts are required upon application for all positions.

■ List below post secondary schools, colleges, universities, trade/vocational, or others attended:

Name and Location	Dates Attended		Major/Minor	Degree	Date Graduated
	From	To			

Official College Transcripts are required within sixty (60) days of employment. Please have all certified copies of transcripts mailed to the Pulaski Technical College Office of Human Resources.

WORK HISTORY

List all prior work experience, including military service, beginning with your most recent employment. (Include all work experience even if you do not believe that experience to be related to the position or positions for which you are applying.) You may include volunteer or unpaid work as part of your history; however, you should include the number of hours per week which you performed these duties. If you do not have enough space to list all your work experience, use a separate sheet for continuation. If you wish to include a resume instead of completing the work history section, make sure all the requested information is included. **Resumes should be submitted in addition to a completed signed employment application but will not be considered as a substitute.**

1.	Current or most recent employer		Business phone		Employment Dates	
	Complete mailing address	City	State	Zip Code	From Month	Year
	Type of Business		Supervisor's Name		To Month	Year
	Name under which employed		Job Title		Average hours worked per week	
	Job Duties (be specific)				Rate of pay	
					\$	\$
	Lowest		Highest			
Reason for leaving						
2.	Current or most recent employer		Business phone		Employment Dates	
	Complete mailing address	City	State	Zip Code	From Month	Year
	Type of Business		Supervisor's Name		To Month	Year
	Name under which employed		Job Title		Average hours worked per week	
	Job Duties (be specific)				Rate of pay	
					\$	\$
	Lowest		Highest			
Reason for leaving						
3.	Current or most recent employer		Business phone		Employment Dates	
	Complete mailing address	City	State	Zip Code	From Month	Year
	Type of Business		Supervisor's Name		To Month	Year
	Name under which employed		Job Title		Average hours worked per week	
	Job Duties (be specific)				Rate of pay	
					\$	\$
	Lowest		Highest			
Reason for leaving						
4.	Current or most recent employer		Business phone		Employment Dates	
	Complete mailing address	City	State	Zip Code	From Month	Year
	Type of Business		Supervisor's Name		To Month	Year
	Name under which employed		Job Title		Average hours worked per week	
	Job Duties (be specific)				Rate of pay	
					\$	\$
	Lowest		Highest			
Reason for leaving						

SPECIAL SKILLS

Typing Speed (corrected words per minute):
Can you transcribe machine dictation? <input type="checkbox"/> Yes <input type="checkbox"/> No
List the business machines, computers and software applications you can operate.
List additional skills relative to the position for which you are applying:

REFERENCES

Please list three (3) persons not related to you who have knowledge of your work qualifications, are not previous or current employer(s), and can serve as a professional reference.

Name	Occupation	Business Address	Telephone Number
1.			
2.			
3.			

NEPOTISM

Do you have any relatives employed by Pulaski Technical College? Yes No If yes, complete the remainder of this section. (This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism.)

Name	Relationship	Pulaski Technical College – Campus Location
1.		
2.		

Before you sign this application

Check over your answers to make sure that all 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 declare that, to the best of my knowledge and my ability, the information on this application is true and factual. I understand that if I am hired, that my employment is not for any definite period of time, and I may be terminated at any time.

I understand that if I state that I have a college degree, and do not have one, that my application will be rejected or, if hired, I will be terminated in accordance with Arkansas Code 21-12-102.

I understand that my application may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

I understand that certain jobs may require an acceptable driver's safety record and that if my current or future driver's record is unacceptable under the State Driver's Risk Program, my application may be rejected and, if hired, I may be subject to termination.

I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition of any employment.

I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee or rejection as an applicant.

I also understand that some jobs require special background checks, security clearance, or compliance with other specific college hiring policies prior to my employment, or as a condition of employment; and that failure to meet these requirements may lead to my rejection as an applicant for, or termination from, that job.

I affirm that it is my genuine intent to seek, and if offered, employment at Pulaski Technical College and this application is submitted solely for that purpose and for no other purposes.

Applicant Name (Please Print)

Applicant Signature

Date

This application and any required materials may be e-mailed to humanresources@pulaskitech.edu or returned to the following address:

Pulaski Technical College
Human Resources
3000 West Scenic Drive
North Little Rock, AR 72118
Telephone (501) 812-2839
F ax (501) 771-2844

STATE OF ARKANSAS
Department of Finance and Administration

EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM

1. Yes No Are you a **current** or **former*** state employee?
2. Yes No Are you a **current** Constitutional Officer** or Arkansas General Assembly member?
3. Yes No Are you the spouse of a **current** Constitutional Officer** or Arkansas General Assembly member?
▶ If "Yes," give **spouse's name & office.** _____
- 3.a. Yes No If "Yes," is your expected salary above the pay grade 13, level IV?
4. Yes No Are you a **former* member** or the **spouse** of a **former member** of the Arkansas General Assembly?
▶ If "Yes," give **member or spouse's name & office.** _____
- 4.a. Yes No If "Yes," did you serve or did your spouse serve within the last 24 months?
- 4.b. Yes No If "Yes," within the 24 months prior to your leaving office or your spouse leaving office, was the position for which you are being considered created by legislative action, or if the maximum salary level increased by more than 15%, was this authorized by legislative action?
5. Yes No Are you a **relative†** of the Public Official‡ in charge of the agency in which you are applying?
▶ If "Yes," give **relative's name, position or office & relationship.** _____
6. Yes No Are you a **relative† (other than the spouse)** of a Constitutional Officer or an Arkansas General Assembly member or are you a **relative†** of a state employee, state board or commission member?
▶ If "Yes," give **relative's name, position or office & relationship.** _____
7. Yes No If you checked "Yes" in #6 above, does this relative† work within the state agency in which you are applying?
- 7.a. Yes No If "Yes", is the position for which you are applying in the direct line of supervision of your relative or will the position be a supervisory employee of the relative.

*Former is defined as within the last 24 months.

**Constitutional Officer: Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner.

†Relative includes: : husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, half-sister, half-brother, sister-in-law, brother-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, aunt, uncle, first cousin, niece or nephew.

‡Public Official includes constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.

I understand that to be eligible for employment with the State of Arkansas, I must be in compliance with Governor's Executive Order 98-04, Governor's Policy Directive No. 8 and Arkansas Code Annotated (ACA) §21-8-304, which state, in part, that, while employed as a state employee, I cannot enter into any Professional Services Contract or Consultant Service Contract with any state agency unless I am providing Nursing Services and contracting with the Department of Health & Human Services. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative under ACA §25-16-1002. If I am hired and it can be proven I falsely disclosed or failed to disclose information I could be subject to criminal, civil and/or administrative remedies. I assert that I have answered the above questions to the best of my knowledge.

Applicant Name (Please Print)

Applicant Signature

Date

INSTRUCTIONS FOR HIRING OFFICIAL:

- A. The applicant **cannot be hired** if they answered YES to 2, 4b, 5, or 7a.
- B. Submit the form to the State Chief Fiscal Officer (CFO) and the Joint Budget Committee (JBC) / Legislative Council (LC) if the applicant answered YES to 3a. Submit from approved by the CFO & JBC/LC with the hire packet. (*The State CFO is the DFA Director.*)
- C. Submit the form to your agency Human Resource Manager if the applicant answered YES to 6 or 7. Submit the form approved by HR manager with the hire packet.
- D. Complete the form by both the applicant and the Hiring Official (Supervisor). If the applicant answers NO to each question or YES only to 1, 3, 4 and/or 4a. (See instructions above if YES to 3a, 4b or other questions). Submit the completed & signed form along with the hire packet.

This form must be completed by the Hiring Official (Supervisor) for ALL applicants offered employment.

Agency/Institution

Hiring Official

Position Applied for _____ Position # _____ Pay Grade _____ Salary _____

I certify that the applicant meets the education and experience qualifications required to perform the duties of the position for which they are being considered.

Signature of Agency/Institution Hiring Official

Phone Number

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____ Agency/Institution Human Resource Manager	_____ Agency Number	_____ Date
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