

<b>Application for Employment</b>					
Name:			SSN:		
Address:					
City:		State:		Zip:	
Home Phone:			Alternate Phone:		
Are you at least 18 years of age?		Y	N	If no, What is your age?	
Have you ever been convicted of a crime?				Yes	No
If yes, please explain the nature and date of the offenses					
What date would you be available to work?					
<b>Position Desired:</b>					
How did you hear about this vacancy?					
Newspaper	Website	Employee	Other:		
Where you previously employed with Arkansas Lighthouse for the Blind?					
If yes, when?			Under what name?		
Please list relatives employed by ALB or on the Board of Directors of ALB					
Name		Relationship		Department/Board	
<b>Education</b>					
Highest level of education completed:				Degree earned:	
Name/Location of School:					
<b>Employment History</b>					
From:	Company/City/State		Your title:		
To:					
Starting Salary:	Supervisors Name/Number:		Reason for Leaving:		
Ending Salary:					
From:	Name/City/State		Your title:		
To:					
Starting Salary:	Supervisors Name/Number:		Reason for Leaving:		
Ending Salary:					
From:	Name/City/State		Your title:		
To:					
Starting Salary:	Supervisors Name/Number:		Reason for Leaving:		
Ending Salary:					
<p>I realize that my application shall remain active for 60 days from date of completion for the specific position(s) I applied for. If I am not hired during this period, a new application must be completed. My application will not be considered unless all areas of this application are completed. I certify that the information given is true and correct. I understand any misrepresentations or omissions of fact, whenever discovered, shall be cause for rejection of this and subsequent applications and for discipline including immediate termination. Arkansas Lighthouse for the Blind may investigate my past employment, including references and background information and will conduct a pre-employment drug screen. Final approval for employment will be subject to this investigation. I understand that if I am offered and accept employment, that it is not for a specific term, and that my employment may be terminated at will, by either my employer or myself.</p>					
Applicant Signature:				Date:	