

Employment Application for Farm Credit of Western Arkansas

Employment at Farm Credit of Western Arkansas is considered "at will" – in other words, your employment is not governed by a written or oral contract. This means that your employment may be terminated at any time, with or without cause or notice, at your option or at the option of your employer. Farm Credit of Western Arkansas is an equal opportunity employer. Individuals are judged solely on the basis of their qualifications without regard to race, color, religion, sex, sexual orientation, gender identity, age, disability, genetic information, national origin, veteran status, or any other reason protected by law.

Farm Credit of Western Arkansas maintains a Standards of Conduct Policy. It is your obligation to review that policy and ensure that you are in compliance prior to your employment.

Today's Date	
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SECTION 1: Personal Data

Name (Last/First/Middle)		Email Address
Permanent Address (Street/City/State/ZIP Code)	County	(Area Code) Phone Number
Present Address (Street/City/State/ZIP Code)		(Area Code) Phone Number

Professional Society Memberships/Licenses (Omit those including religious, political, cultural or social affiliations)

Are you authorized to work lawfully in the United States for Farm Credit of Western Arkansas?
 No Yes

Have you been convicted of a felony in the last seven (7) years?
 No Yes If you answered "yes," please provide information regarding each felony conviction you have received on a separate sheet of paper and attach it to this Application. For each conviction, please list the date of the conviction, the crime of which you were convicted, the sentence received, and the court of the conviction.

SECTION 2: Position Desired

Desired position, or type of work	Date Available
Work schedule of the position you are applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Summer <input type="checkbox"/> Temporary	
Are you able to travel for business purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate the maximum percentage of annual travel acceptable to you: _____%	
Will you relocate? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list preferred locations:	

SECTION 3: Education

High School		School Address
Graduated? <input type="checkbox"/> No <input type="checkbox"/> Yes	Dates Attended: _____ To _____	Major Course work
Honors Received		
Extracurricular Activities		
College or Technical School		School Address
Graduated? <input type="checkbox"/> No <input type="checkbox"/> Yes	Dates Attended: _____ To _____	Degree/Certificates or Units (Quarters/Semesters)
Major	Minor	
Honors Received		
Extracurricular Activities		
Post-Graduate School		School Address
Graduated? <input type="checkbox"/> No <input type="checkbox"/> Yes	Dates Attended: _____ To _____	Degree/Certificates or Units (Quarters/Semesters)
Major	Minor	
Honors Received		
Extracurricular Activities		
Other Education		School Address
Graduated? <input type="checkbox"/> No <input type="checkbox"/> Yes	Dates Attended: _____ To _____	Degree/Certificates or Units (Quarters/Semesters)
Major	Minor	
Honors Received		
Extracurricular Activities		
SECTION 4: Specialized Skills		
Keying	WPM	Years of Experience
Personal Computer	Equipment Operated	
Personal Computer	Software Used	
Other Skills and Years of Experience		

SECTION 5: Employment Record

Please list your present or most recent employer first. In Section 6, explain any periods of time not accounted for on your record of employment.

Have you ever been employed by a Farm Credit Institution? No Yes If yes, where and dates?

Employer		Mailing Address (City, State, ZIP Code)		
Job Title		Work Phone Number		
Dates Employed (Mo/Yr) ___/___ to ___/___	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Total Years on Job	Reason for Leaving or Seeking Other Employment	
Supervisor's Name		May We Contact This Person? <input type="checkbox"/> No <input type="checkbox"/> Yes		Phone

Describe Responsibilities

Employer		Mailing Address (City, State, ZIP Code)		
Job Title		Work Phone Number		
Dates Employed (Mo/Yr) ___/___ to ___/___	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Total Years on Job	Reason for Leaving	
Supervisor's Name		May We Contact This Person? <input type="checkbox"/> No <input type="checkbox"/> Yes		Phone

Describe Responsibilities

Employer		Mailing Address (City, State, ZIP Code)		
Job Title		Work Phone Number		
Dates Employed (Mo/Yr) ___/___ to ___/___	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Total Years on Job	Reason for Leaving	
Supervisor's Name		May We Contact This Person? <input type="checkbox"/> No <input type="checkbox"/> Yes		Phone

Describe Responsibilities

Employer		Mailing Address (City, State, ZIP Code)		
Job Title		Work Phone Number		
Dates Employed (Mo/Yr) ___/___ to ___/___	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Total Years on Job	Reason for Leaving	
Supervisor's Name		May We Contact This Person? <input type="checkbox"/> No <input type="checkbox"/> Yes		Phone

Describe Responsibilities

SECTION 6: Other Experience/Comments

SECTION 7: Professional References

Name	Mailing Address (City, State, ZIP Code)	
(Area Code) Phone Number	Years Acquainted	Relationship
Name	Mailing Address (City, State, ZIP Code)	
(Area Code) Phone Number	Years Acquainted	Relationship
Name	Mailing Address (City, State, ZIP Code)	
(Area Code) Phone Number	Years Acquainted	Relationship

SECTION 8: Personal Reference

Name	Mailing Address (City, State, ZIP Code)	
(Area Code) Phone Number	Years Acquainted	Relationship

SECTION 9: Certification

I authorize investigation of all statements in this qualification record if I am considered for employment. The companies or persons named herein are authorized to give information regarding me whether or not such information is part of their records and they are hereby released from all liability for issuing such information. I also understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or termination of employment.

Signature _____ Date _____

Complete and return to:

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