

EXPERIENCE

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to completing this section.

If you need additional space, attach extra copies of this page.

Employer _____ Phone (____) _____
 Address _____
 City _____ State _____ Zip _____
 Reason for Leaving _____
 Job Title _____ Job Duties _____

From ____/____/____ – To ____/____/____ Salary _____ MAY WE CONTACT FOR REFERENCE?
 Supervisor's Name and Title _____ YES NO LATER

Employer _____ Phone (____) _____
 Address _____
 City _____ State _____ Zip _____
 Reason for Leaving _____
 Job Title _____ Job Duties _____

From ____/____/____ – To ____/____/____ Salary _____ MAY WE CONTACT FOR REFERENCE?
 Supervisor's Name and Title _____ YES NO LATER

Employer _____ Phone (____) _____
 Address _____
 City _____ State _____ Zip _____
 Reason for Leaving _____
 Job Title _____ Job Duties _____

From ____/____/____ – To ____/____/____ Salary _____ MAY WE CONTACT FOR REFERENCE?
 Supervisor's Name and Title _____ YES NO LATER

EDUCATION

High School Graduate? YES NO

Name and Location of High School (city and state) _____

GED Certificate Number _____ GED Issued by _____

Are you currently attending school (for College Intern and Student Help positions)?

YES NO Level: _____

POST-HIGH SCHOOL EDUCATION

INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY

SCHOOL NAME AND LOCATION	MAJOR AREAS OF STUDY	TYPE OF DEGREE OR CERTIFICATE

Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section, although you may be required to submit a transcript.

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES

TRAINING AND OTHER QUALIFICATIONS

(Do not include coursework already described above)

SUBJECT OR TITLE OF TRAINING	ORGANIZATION	LENGTH OF TRAINING

CERTIFICATION

It is understood and agreed upon, that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give ARCIL, Inc. the right to investigate all references and to secure additional job related information about me. I also give ARCIL the right to conduct a criminal history background check, and a motor vehicle driving record (MVR) check. I understand that the findings from the reference checks, criminal history background check or the MVR check may be grounds for termination or may disqualify me from being employed at ARCIL, Inc. I hereby, release from all liability ARCIL, Inc. and its representatives for seeking such information and all other persons, schools, colleges or universities which I attended or past employers for furnishing such information. ARCIL, Inc. is an Equal Opportunity Employer. ARCIL, Inc. does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on any basis prohibited by local, state or federal law. This application is current for 60 days and only for the position applied. I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of ARCIL, Inc. has the authority to make any assurance to the contrary. I understand it is ARCIL, Inc.'s. policy not to refuse to hire a qualified individual with a disability because of the person's need for an accommodation that would be required by the ADA. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Applicant's Signature _____

Date _____

APPLICANT SURVEY
Completion of information on this page is voluntary

Please do not tear off this section. Agency personnel will detach and process this section separately.

NOTE: We request the information on this Applicant Survey in order to assist our equal employment opportunity efforts. This information is voluntary and will in no way affect the processing of your application or your being considered for employment.

This Applicant Survey should be submitted with the ARCIL Application for Employment. The agency will process this survey separately and use the information for statistical purposes only.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Date: _____

Last Name _____ **First Name** _____ **Middle initial** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Please indicate the specific position you are applying for:

Job Title: _____

ARCIL Office/Location:

Austin San Marcos Round Rock

Department: _____

REFERRAL SOURCE

Walk-in ARCIL Employee Government Employment Agency
 Newspaper ARCIL Web Site Private Employment Agency
 Relative School/College State Agency _____
 Other _____

EQUAL OPPORTUNITY EMPLOYER

ARCIL considers applicants for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, disability, veteran status or any other legally protected status.

SEX

Male Female

DATE OF BIRTH

Month Day Year

RACE

WhitePersons having origins in any of the original peoples of Europe or the Middle East.
 BlackPersons having origins in any of the black racial groups of Africa.
 HispanicPersons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
 Native American . . .Persons having origins in any of the original peoples of North America, and who maintain cultural or Alaskan Native identification through tribal affiliation or community recognition.
 Asian/PacificPersons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, Islanders or the Pacific islands.

DISABILITY

You are invited to volunteer this information, if you qualify, to assist in determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment. Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

Yes No

VETERAN STATUS

You are invited to volunteer this information, if you qualify, to assist in determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment. Are you a Veteran?

Disabled Veteran Vietnam era Veteran (served between 1964-1975) Desert Storm/Shield Veteran

TO AGENCY PERSONNEL
Detach and store separately