



**The P.A.T. (People Advocating Transition) Center CO; The PAT Center II**



6210 Baseline Road  
Little Rock, AR 72209  
Phone: 501-265-0302  
Fax: 501-265-0300

620 South Laurel  
Pine Bluff, AR 71601  
Phone: 870-534-4900  
Fax: 870-534-4906

4702 W. Commercial Dr. Suite B1  
North Little Rock, AR 72116  
Phone: 501-353-1414  
Fax: 501-265-0300

**APPLICANT INFORMATION**

**Date of Application:**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<b>Social Security Number:</b>	<b>Date of Birth:</b>	<b>State of Birth:</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Alternate Number:</b>	

**POSITION INFORMATION**

**Position of Interest (Check all that apply):**

- Professional ADC/A
- Mental Health Professional AADC CS CCJP CCDP CCDP-D
- Qualified Behavioral Health Professional
- Office Support
- Substance Abuse

<b>Desired Location:</b> <input type="checkbox"/> Jefferson County <input type="checkbox"/> Pulaski County <input type="checkbox"/> Phillips County <input type="checkbox"/> St. Francis County	<b>Date available to start:</b>  <b>Desired Salary:</b>
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<b>Have you ever worked for this agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, when?</b>	<b>Are you a United States Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If no, do you have authorization?</b>
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<b>Do you have any felony charges pending or ever been convicted of a felony?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/>	<input type="checkbox"/> No  <input type="checkbox"/>	
<b>If yes, please provide details including dates and current status:</b>			

1 The agency is an Equal Employment Opportunity that makes employment decisions without regard for race, color, ethnicity, sex, sexual orientation, national origin, age, handicaps, disability, or marital status and other all other characteristics protected by law. Reviewed and Updated 8/2020



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**EDUCATION**

<b>High School /Address:</b>	<b>From:</b>	<b>Did you graduate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>To:</b>	<b>Year:</b> _____
<b>College Name/Address:</b>	<b>From:</b>	<b>Did you graduate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>To:</b>	<b>Year:</b> _____
		<b>Degree:</b> _____
<b>College Name/Address:</b>	<b>From:</b>	<b>Did you graduate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>To:</b>	<b>Year:</b> _____
		<b>Degree:</b> _____

**PREVIOUS EMPLOYMENT (list most recent first)**

<b>Company Name and Address 1:</b>		<b>Phone:</b> (   )
<b>Job Title:</b>		<b>Supervisor:</b>
<b>Responsibilities:</b>		
<b>Start Salary: \$</b>		<b>Ending Salary: \$</b>
<b>Reason for Leaving:</b>		
<b>Start Date:</b>	<b>End Date:</b>	<b>May we contact your previous/current supervisor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Desired Salary:</b>	<input type="checkbox"/> Hourly	<input type="checkbox"/> Yearly
*****		
<b>Company Name and Address 2:</b>		<b>Phone:</b> (   )

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<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Responsibilities:</b>			
<b>Starting Salary: \$</b>		<b>Ending Salary: \$</b>	
<b>Reason for Leaving:</b>			
<b>Start Date:</b>		<b>End Date:</b>	<b>May we contact your previous/current supervisor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Desired Salary:</b>	<input type="checkbox"/> Hourly		<input type="checkbox"/> Yearly
*****			
<b>Company Name and Address 3:</b>		<b>Phone: (    )</b>	
<b>Job Title:</b>		<b>Supervisor:</b>	
<b>Responsibilities:</b>			
<b>Starting Salary: \$</b>		<b>Ending Salary: \$</b>	
<b>Reason for Leaving:</b>			
<b>Start Date:</b>		<b>End Date:</b>	<b>May we contact your previous/current supervisor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Desired Salary:</b>	<input type="checkbox"/> Hourly		<input type="checkbox"/> Yearly
<b>MILITARY SERVICE</b>			
<b>Branch:</b>		<b>From:</b>	<b>To:</b>
<b>Rank At Discharge:</b>		<b>Type of Discharge:</b>	
<b>If other than honorable, explain:</b>			

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**REFERENCES**

**(List three (3) professional references)**

Reference (1) Full Name:	Relationship:
Company Name/Address:	Phone: ( )
Reference (2) Full Name:	Relationship:
Company Name/Address:	Phone: ( )
Reference (3) Full Name:	Relationship:
Company Name/Address:	Phone: ( )

**Employment Application Disclaimer and Signatures**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentation or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that any employment offer is contingent upon successful background screening through the FBI, Arkansas State Police Criminal Background Check, Finger Printing, Fitness for Duty, Vulnerable Populations Check, Driving Record, Arkansas Child Maltreatment, Adult Maltreatment and checks from current and prior employers and references.

I understand that the agency is a DRUG/TOBACCO FREE WORKPLACE, and that at any time I may be required by the company to undergo drug screening pursuant to its Alcohol and Drug policy, and if employed, I agree to comply with this policy.

I authorize all past employers and educational institutions to release all requested information about my work history and education for use in determining my qualifications for employment.

I understand that, if employed, my employment with the agency is not for a specific term and may be terminated by me or the agency with or without notice or cause at any time. I further understand that no oral promise, agency policy, custom, business practice or other procedure (including the agency's Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the agency.

I authorize the use of any information in this application to verify my statements, and except as indicated above, I authorize past employers, references and other persons to answer all questions concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages due to furnishing such information. I consent to such investigations as the company may make regarding driving records, criminal adult maltreatment, and child maltreatment background checks. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

Applicant Signature:	Date:
The agency Representative Signature:	Date:



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**OFFICE USE ONLY**

Reply sent to applicant Confirming Receipt of Application  Yes  No

Replay sent on date: \_\_\_\_\_ Via:  phone call  email  letter

Signature of the agency's HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Status of Interview:

No Interview  
 Does not meet qualifications  Meets qualifications no current positions

Interview Date of Interview: \_\_\_\_\_ Status:

Hired,  Start Date: \_\_\_\_\_

Not Hired

If not interviewed or hired keep application on file for:  90 Days  Six months  One Year

Signature of the agency representative: \_\_\_\_\_ Date: \_\_\_\_\_