



Full Potential  
 Child Development Center  
 8109 Interstate 30  
 Little Rock, AR 72209  
 501.562.5400

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Hourly Pay Rate: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ YES  NO

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony? YES  NO

If yes, please describe the nature of the conviction(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Has a court ever denied you parental, custodial, or visitation rights as a result of child maltreatment? YES NO  
 If yes, please explain:  
 \_\_\_\_\_

Do you currently have a child or relative enrolled at Full Potential? YES NO

Do you currently have friends or relatives employed at Full Potential? YES NO  
 If yes, then whom?  
 \_\_\_\_\_

\*Failure to disclose this information upon initial interview could result in termination of employment with Full Potential.

**FULL POTENTIAL EMPLOYMENT APPLICATION**

**EDUCATION INFORMATION**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list three personal references that we may contact regarding you. Do not list relatives as references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Work History**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**FULL POTENTIAL EMPLOYMENT APPLICATION**

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Narrative**

Are you now or do you expect to be engaged in other business or employment? If yes, explain.

\_\_\_\_\_

List any alternative names that have been used for work record verification purposes.

Why do you want to work in our program? \_\_\_\_\_

What do you feel best qualifies you for this job? \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I give Full Potential permission to contact previous employers in order to discuss performance.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FULL POTENTIAL EMPLOYMENT APPLICATION

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I, \_\_\_\_\_, hereby give consent to any and all prior employers of mine, or my current employer, to provide the information below with regard to my employment with the prior or current employers to FULL POTENTIAL-POTENTIAL HORIZONS.

This consent is valid for a period of six (6) months from the date indicated below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions to Current/Former Employer

The individual named above has applied for employment with FULL POTENTIAL/POTENTIAL HORIZONS. Please respond candidly to the requests for information listed below and return your written responses via fax or U.S. Mail. This consent and release is intended to comply with Arkansas Act 1474 of 1999, an Act to provide current and former business employers with protection for providing job information about current or former employees to prospective employers.

Please return the information to:

FULL POTENTIAL
C/O BETHANY HILL
8109 INTERSTATE 30
LITTLE ROCK, AR 72209
FAX: 501.562.8577
PHONE: 501.562.5400

Dates of employment: \_\_\_\_\_

Current or last rate of pay: \_\_\_\_\_

Current or last job description and responsibilities:

\_\_\_\_\_
\_\_\_\_\_

Attendance history: (Excluding qualifying leave under FMLA)

\_\_\_\_\_

Was his/her separation from employment voluntary \_\_\_\_\_ or involuntary \_\_\_\_\_.

What was the reason for the applicant's separation from employment? \_\_\_\_\_

\_\_\_\_\_

Is the applicant eligible for rehire?

YES NO
[ ] [ ]

Printed Name and Signature of Representative Providing Information

Date



Identification Bureau
Arkansas Criminal History Record Check
Request Form

Full Name: Last name First name Middle name Jr/Sr/III/IV

Daytime phone #
List ALL other names ever used (married, maiden, shortened, etc)

Date of Birth: State of Birth: Race: Sex:
Height: Weight: Eye color: Hair color:

Social Security #: Driver's License #: State

Mailing Address: Street City State ZIP

Daytime Phone #: Length of time at current address:

I give my consent for the Arkansas State Police to conduct a criminal record check on me and release the results to the below listed person/entity. I understand that I can challenge the completeness or accuracy of the Arkansas criminal history record by using the procedure set out in Title 28, CFR. 16.34.

Signature: (First/MI/Last Name) Date: (Month/Day/Year)

Release the results to: First/MI/Last Name of Person or Full Name of Agency/Entity

Mailing Address: Street City State ZIP

STATE OF

§

COUNTY OF

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the day of , 20 .

Notary Public

82005 State Record Check

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

Authorization for release of confidential information:

**ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY**

Note to users of this form: Please type or print all information! Illegible forms will not be processed! Fill out form completely. This form may be copied and shared.

**RETURN THE ORIGINAL COMPLETED FORM TO: YOUR CHILD CARE LICENSING SPECIALIST**

Full Potential Child Development Center FACILITY REQUESTING CHECK AND REPORT 8109 Interstate 30 MAILING ADDRESS Little Rock AR 72209 CITY STATE ZIP Trevor Lay, Director 501.562.5400 FACILITY DIRECTOR & TELEPHONE NUMBER	NAME OF LICENSING SPECIALIST REQUESTING THE CHECK TITLE COUNTY TELEPHONE NUMBER DATE OF REQUEST
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**TO BE COMPLETED BY THE PERSON TO BE CHECKED**

NAME OF PERSON TO BE CHECKED: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME: \_\_\_\_\_ ALIASES: \_\_\_\_\_

DOB: (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
MONTH DATE YEAR

RACE: \_\_\_\_\_ SEX: (MALE/FEMALE) TELEPHONE NUMBER: (\_\_\_\_)\_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PLACE OF EMPLOYEMENT: \_\_\_\_\_

<u>FULL NAME/AGE OF OWN CHILDREN</u>	<u>DOB</u>	<u>SOCIAL SECURITY NUMBER</u>

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release all information their files may contain including the Prosecuting Attorney's report, concerning the undersigned and any birth/legal children ages 10 through 17 who are now or have resided in my home of the undersigned. I also understand that the name of any confidential informants, or other information which does not pertain to me or my children, will not be released."

\_\_\_\_\_  
SIGNATURE OF PERSON TO BE CHECKED DATE

COUNTY OF \_\_\_\_\_ SS  
STATE OF ARKANSAS  
Acknowledge before me on this \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

REQUEST FOR:

**CRIMINAL RECORD CHECK**

**(RETURN THE ORIGINAL COMPLETED FORM TO: YOUR CHILD CARE LICENSING SPECIALIST)**

**If you have any questions, or wish to dispute the results, please contact your Licensing Specialist immediately.**

<p>(FACILITY USE ONLY)</p> <hr/> <p>Full Potential Child Development Center</p> <hr/> <p>FACILITY REQUESTING REPORT</p> <hr/> <p>8109 Interstate 30</p> <hr/> <p>MAILING ADDRESS</p> <hr/> <p>Little Rock                      Arkansas                      72209</p> <hr/> <p>CITY                                      STATE                                      ZIP</p> <hr/> <p>Trevor Lay, 501.562.5400</p> <hr/> <p>FACILITY DIRECTOR &amp; TELEPHONE NUMBER</p>	<p>(DHS USE ONLY)</p> <hr/> <p>NAME OF LICENSING SPECIALIST REQUESTING THE CHECK</p> <hr/> <p>TITLE                                      COUNTY</p> <hr/> <p>TELEPHONE NUMBER</p> <hr/> <p>DATE OF REQUEST</p>
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**TO BE COMPLETED BY THE PERSON TO BE CHECKED**

NAME OF PERSON TO BE CHECKED: \_\_\_\_\_  
(LAST NAME)                                      (FIRST NAME)                                      (MIDDLE NAME)

MAIDEN NAME: \_\_\_\_\_ ALIASES: \_\_\_\_\_

DOB: (\_\_\_\_/\_\_\_\_/\_\_\_\_)                      SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_                      PHONE #: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
MONTH DATE YEAR                      MONTH DATE YEAR                      MONTH DATE YEAR

DRIVER'S LICENSE or GOV'T ID #: \_\_\_\_\_ / \_\_\_\_\_                      RACE: \_\_\_\_\_                      SEX: ( MALE / FEMALE)

**NOTE: HAVE YOU LIVED IN ARKANSAS FOR THE PAST FIVE (5) YEARS? YES NO (IF NO YOU MUST COMPLETE AN FBI RECORD CHECK AND FINGERPRINT CARD).**

COMPLETE ADDRESS: \_\_\_\_\_  
(Physical residential address)                      STREET                                      CITY                                      STATE                                      ZIP

PLACE OF EMPLOYMENT: \_\_\_\_\_

**Have you ever been found guilty of, or pleaded guilty or no contendere to a crime? (Circle ONE) YES NO**  
**\*If yes, attach a detailed description of the crime and the facts of the finding of guilt or the plea.**

"I hereby authorize the Arkansas State Police to release any criminal history information: to the Division of Child Care and Early Childhood Education."

\_\_\_\_\_  
SIGNATURE OF PERSON TO BE CHECKED                      DATE

COUNTY OF \_\_\_\_\_ SS  
 STATE OF ARKANSAS

Acknowledge before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STATE POLICE USE ONLY DO NOT WRITE IN THIS BOX: {    } 82001 CIVIL RECORDS CHECK