



APPLICATION FOR EMPLOYMENT PULASKI AREA GEOGRAPHIC INFORMATION SYSTEM (PAGIS)

An incomplete or illegible application may jeopardize your opportunity for employment. Because eligibility to compete for positions is based on a review of your application and since only information provided will be evaluated, be certain that you complete all items as fully and accurately as possible.

NAME _____ DATE _____
LAST FIRST MIDDLE

STREET ADDRESS _____ HOME PHONE _____

_____ BUSINESS PHONE _____
CITY STATE ZIP

CELL PHONE _____

ARE YOU A CITIZEN OF THE UNITED STATES OR ARE YOU LAWFULLY ELIGIBLE TO BECOME EMPLOYED IN THE U.S.?

YES NO (Proof of U.S. citizenship or immigration status will be required if employed)

POSITION YOU ARE APPLYING FOR _____

TYPE OF EMPLOYMENT DESIRED: FULL-TIME TEMPORARY SUMMER PART TIME

DATE AVAILABLE _____ SALARY REQUIREMENTS \$ _____

WHERE DID YOU HEAR ABOUT THIS OPENING? NEWSPAPER JOB LINE EMPLOYEE REFERRAL OTHER _____

*****LIST PREVIOUS EMPLOYMENT, BEGINNING WITH THE LAST*****

FROM DATE (Mo/ Yr)	TO DATE (Mo/ Yr)	NAME AND LOCATION OF EMPLOYER	SUPERVISOR	YOUR JOB	REASON FOR LEAVING	FINAL SALARY	FULL OR PART TIME

TYPE SCHOOL	NAME & ADDRESS	GRADUATED?	PRIMARY COURSES OF STUDY	
HIGH SCHOOL				
BUSINESS OR TRADE SCHOOL				
COLLEGE			Major:	Degree:
			Minor:	
GRADUATE SCHOOL			Degree:	
CORRESPONDENCE COURSES OR SPECIAL TRAINING				

Excluding those which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status, list any professional, trade, business or civic organizations with which you are associated:

List professional, business or trade licenses held, awards or special recognitions received:

LIST THREE WORK-RELATED REFERENCES:

NAME	OCCUPATION	EMPLOYER	PHONE #	ASSOCIATION <small>(Peer vs. supervisor)</small>

Do you have any relatives (either by blood or marriage) who are currently employed by Pulaski Area Geographic Information System (PAgis)?
___ Yes ___ No

If yes, please state employee's name and your relation to them:

Have you previously been interviewed for a position with Pulaski Area Geographic Information System (PAgis)? If yes, provide positions and dates:

Have you ever been employed by Pulaski Area Geographic Information System (PAgis)? If yes, provide position, dates, and reason for leaving:

* Do you understand the physical and mental requirements of the job for which you are applying? Yes No

* Are you able to fully and completely perform all functions, duties and responsibilities of the particular job for which you are applying?

Yes No If no, please provide an explanation: _____

* **The Americans With Disabilities Act of 1990 prohibits discrimination against a qualified individual with a disability.**

NOTE: Pulaski Area Geographic Information System (PAgis) is an Equal Opportunity Employer and does not discriminate in its employment practices, or any other activities, on the basis of race, color, religion, sex, national origin, age, disability, veteran's status, marital status, sexual orientation, gender identity, genetic information, political opinions or affiliation, or any other status protected by law.

I, _____, understand and voluntarily agree that Pulaski Area Geographic Information System (PAgis) (or an investigative bureau of your choice) may check any references or other information provided on this application form by me. Further, I hereby give consent to any and all current and prior employers of mine, or educational institutions I have attended, to provide information to Pulaski Area Geographic Information System (PAgis) with regard to my employment with current or prior employers or my educational background. I understand and accept that your employment decision may be based upon information furnished by me or obtained through the verification process. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I authorize you to make copies of documents related to my employment, which shall have the same effect as the originals.

Signed: _____ Date: _____

- I understand and agree that if I am offered and accept a position with Pulaski Area Geographic Information System (PAgis), that the position is not for a specific period of time, and I agree that I will be an employee at will and this arrangement can be terminated at any time by myself or Pulaski Area Geographic Information System (PAgis), with or without notice.
- If employed by Pulaski Area Geographic Information System (PAgis), I agree to abide by its rules and regulations.
- I understand and agree to examinations and testing, including a pre-employment physical, criminal background check, and drug screening, considered necessary by Pulaski Area Geographic Information System (PAgis) at any time, at the option of PAgis and at no personal expense to me. I authorize the examining physician or organization to disclose to Pulaski Area Geographic Information System (PAgis) or its representatives the results of such examinations or tests. I understand Pulaski Area Geographic Information System (PAgis) will limit such information only to those individuals who have a need to be informed of such.
- I understand that, unless I am notified by Pulaski Area Geographic Information System (PAgis) otherwise, this application will be considered only for the position I designated on this application form. I understand that in order to be considered for other available positions with Pulaski Area Geographic Information System (PAgis), I will need to complete a separate application for each position.

I hereby affirm that my answers to the foregoing questions are true and correct, and I understand that misrepresentation or omission of facts called for in this application may be cause for disqualification for consideration of the position, or if employed by Pulaski Area Geographic Information System (PAgis), immediate dismissal without notice.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYER

221 East Capitol Avenue * PHONE (501) 377-1246 or 377-1264 * LITTLE ROCK, AR 72202 PAgis-APPMASSTR_1/11/07

NAME: _____

ADDRESS: _____ **CELLULAR PHONE:** _____

SUPPLEMENTARY INFORMATION REQUEST

Describe, in detail, your present position responsibilities. Include day to day work activities, machinery operated, if any, etc. (Continue on back, if needed.)

Date Employed: _____ Company: _____
(Mo/Yr)

Job Title: _____ Company Phone Number: _____

Responsibilities: _____

Provide the information requested below concerning the three positions held prior to your current position. If you have held other positions which are directly related to the position applied for, please continue on the back. When outlining previous job responsibilities, be sure to explain all duties and responsibilities that are directly related to the requirements listed on the job posting for which you are applying.

1. Dates of Employment: _____ to _____ Company: _____
(Mo/Yr) (Mo/Yr)

Job Title: _____ Company Phone Number: _____

Responsibilities: _____

2. Dates of Employment: _____ to _____ Company: _____
(Mo/Yr) (Mo/Yr)

Job Title: _____ Company Phone Number: _____

Responsibilities: _____

3. Dates of Employment: _____ to _____ Company: _____
(Mo/Yr) (Mo/Yr)

Job Title: _____ Company Phone Number: _____

Responsibilities: _____

EMPLOYMENT REFERENCE CONSENT AND RELEASE

APPLICANT NAME: _____

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 PULASKI AREA GEOGRAPHIC INFORMATION SYSTEM (PAGIS).

This consent is valid for a period of six (6) months from the date indicated below. A copy of this form shall serve as an original.

Signature of Applicant: _____ Date: _____

Instructions to Current/Former Employer

The individual named above has applied for employment with Pulaski Area Geographic Information System (PAgis). Please respond candidly to the requests for information listed below and return your written responses via either facsimile 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:

**PAgis Manager
Pulaski Area Geographic Information System (PAgis)
221 East Capitol Ave
Little Rock, AR 72202 Fax- 501-210-4980**

Date and duration of employment: _____

Current or last rate of pay and wage history: _____

Current or last job description and duties: _____

The details of the applicant's last written performance evaluation prepared prior to the date the applicant signed this consent (See date above): _____

Attendance history: (Excluding any qualifying leave under FMLA) _____

Results of drug and/or alcohol tests administered within the last year: _____

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee: _____

Was his/her separation from employment voluntary involuntary?

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

Is the applicant eligible for rehire? Yes No Is this a blanket company policy? Yes No

Printed Name and Title of Employer Representative Providing Information _____ Date _____

Signature _____ Phone Number _____



**AUTHORIZATION
FOR
PRE-EMPLOYMENT DRUG TESTING
AND
PRE-EMPLOYMENT PHYSICAL**

I understand that Pulaski Area Geographic Information System (PAGis) requires drug testing for all prospective employees after an offer of employment has been made.

I understand that such test must be submitted to within 24 hours of the employment offer or the offer will be withdrawn.

I understand that all offers will be contingent on receipt of a "negative" on the drug test(s) conducted. If the testing produces a positive result, the offer of employment will be null and void and I will not be employed by PAGis at that time. I would then be prohibited from reapplying for any position with PAGis for at least six months and until providing proof of successful completion of a drug rehabilitation program, as well as the assurance that drug abuse is no longer occurring.

I understand that Pulaski Area Geographic Information System (PAGis) will require a job-related, pre-employment physical for certain positions after an offer of employment has been made.

I understand that the physical must be completed as required or the offer will be withdrawn.

I understand that all offers will be contingent on my receiving a positive assessment of my ability to perform the physical requirements of the job. If a positive assessment is not received, the offer of employment will be null and void and I will not be employed by PAGis at that time.

I understand that refusal to sign the consent form authorizing drug testing and a pre-employment physical will result in my application being withdrawn from the pool of those eligible for consideration for the job.

Applicant Name: _____
(please print)

Applicant Signature: _____ Date: _____

Note: Drug testing of prospective employees will be conducted by the DHHS certified lab of PAGis choosing, at PAGis expense and before the individual's first day of work. Pre-employment physicals will be conducted by the facility of PAGis choosing, at PAGis expense and before the individual's first day of work.



**TRAFFIC VIOLATION QUESTIONNAIRE AND RELEASE
PULASKI AREA GEOGRAPHIC INFORMATION SYSTEM (PAGIS)**

List all moving traffic violations you have been charged with in the past three (3) years:

___ None ___ See Below

- * I understand that the position I am applying for may require the successful applicant to drive a privately owned vehicle as a normal part of the job requirements.
- * I understand that Pulaski Area Geographic Information System (PAgis) will investigate the driving record of all applicant finalists and that information received regarding such will be considered in the selection of the successful applicant.
- * I understand that it is the policy of Pulaski Area Geographic Information System (PAgis) to require all employees with such responsibilities to maintain a valid driver's license appropriate to the type of vehicle to be driven and to maintain a good driving record free of multiple minor offenses and any major driving offenses.
- * I understand that employees of Pulaski Area Geographic Information System (PAgis) are subject to on-going investigations of their driving records at the discretion of PAGis and/or PAgis insurance carrier.

I hereby affirm that my answers to the foregoing questions regarding my traffic violation history and the Traffic Violation Release Form below are true and correct. I also affirm that I have read and understand the conditions and requirements regarding positions with Pulaski Area Geographic Information System (PAgis) that require driving a privately owned vehicle. I further understand that misrepresentation or omission of facts called for on this questionnaire may be cause for disqualification from consideration for the position applied for or, if employed by Pulaski Area Geographic Information System (PAgis), immediate dismissal without notice.

Signature of Applicant _____ Date _____

**TRAFFIC VIOLATION RELEASE FORM
PULASKI AREA GEOGRAPHIC INFORMATION SYSTEM (PAGIS)**

I, _____, do hereby authorize any state's Office of Driver Services to release my traffic violation record to Pulaski Area Geographic Information System (PAgis). This release shall remain in full force and effect until written notice of withdrawal is filed by me.

Arkansas Driver's License # _____

Have you had a driver's license in any other state within the past 3 years? ___ Yes ___ No

If Yes, list all states and license numbers you have had in the past 3 years below:

Driver's License # _____ State _____

Driver's License # _____ State _____

Signature _____ Date _____

GIS Technician Questionnaire

Name: _____

Date: _____

DIRECTIONS: PLEASE ANSWER EACH QUESTION. DO NOT WRITE "SEE RESUME" OR "SEE REFERENCE LETTER" ON THE ANSWER LINES. IF YOU NEED ADDITIONAL SPACE, PLEASE WRITE ON THE BACK OR ATTACH ANOTHER SHEET.

FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN YOU NOT BEING INTERVIEWED.

ARE YOU **21 YEARS OLD OR OLDER?** ___YES ___NO

DO YOU HAVE A **VALID ARKANSAS DRIVERS' LICENSE** ___YES ___NO

DO YOU HAVE A **GOOD DRIVING RECORD?** ___YES ___NO

DO YOU HAVE THE **ABILITY TO?**

Perform basic geo-processing task ___YES ___NO

Use GIS applications (ArcInfo, ArcEditor, ArcView, ArcGIS Extensions) ___YES ___NO

Perform data digitizing and data entry in a GIS environment ___YES ___NO

Use computer aided drafting software ___YES ___NO

Read and interpret civil engineering drawings ___YES ___NO

Read maps, plans, and legal descriptions ___YES ___NO

Work independently ___YES ___NO

DO YOU HAVE **EYE AND HAND MOVEMENT COORDINATION?** ___YES ___NO

ARE YOU ABLE TO AND WILLING TO **SIT FOR EXTENDED PERIODS?** ___YES ___NO

ARE YOU ABLE TO AND WILLING TO **VISUALLY LOOK AT COMPUTER SCREEN FOR EXTENDED PERIODS?** ___YES ___NO

Name: _____

DO YOU HAVE TRAINING IN THE **GIS ENVIRONMENT**?

___ YES ___ NO

WHERE? _____

HOW LONG? _____

EXPLAIN: _____

DO YOU HAVE WORK EXPERIENCE IN **gis data maintenance and quality control**?

___ YES ___ NO

WHERE? _____

HOW LONG? _____

EXPLAIN: _____

DO YOU HAVE WORK EXPERIENCE IN **ArcInfo, ArcGIS, ArcView, ESRI extension products**? ___ YES ___ NO

WHERE? _____

HOW LONG? _____

EXPLAIN: _____

DO YOU HAVE WORK EXPERIENCE **reading maps plans, and legal descriptions**?

___ YES ___ NO

WHERE? _____

HOW LONG? _____

EXPLAIN: _____

Name: _____

DO YOU HAVE WORK EXPERIENCE with **Computer Aided Design software (CAD, AutoCAD)**? ___YES ___NO

WHERE? _____ HOW LONG? _____

EXPLAIN: _____

DO YOU HAVE WORK EXPERIENCE **maintaining accurate records and compiling reports**? ___YES
___NO

WHERE? _____ HOW LONG? _____

EXPLAIN: _____

DO YOU HAVE KNOWLEDGE OR WORK EXPERIENCE **extracting information from records**? ___YES ___NO

WHERE? _____ HOW LONG? _____

EXPLAIN: _____

DO YOU HAVE KNOWLEDGE OR WORK EXPERIENCE in the **preparation of various cartographic products**?
___YES ___NO

WHERE? _____ HOW LONG? _____

EXPLAIN: _____

Name: _____

DO YOU HAVE KNOWLEDGE OR WORK EXPERIENCE **in developing requirements and design of GIS mapping layers?** _____YES _____NO

WHERE? _____

HOW LONG? _____

EXPLAIN: _____

DO YOU HAVE KNOWLEDGE OR WORK EXPERIENCE **creating and maintaining geographic and tabular data using on screen digitizing, plotters, scanners and personal computers?** _____YES _____NO

WHERE? _____

HOW LONG? _____

EXPLAIN: _____
