

EMPLOYMENT REFERENCE CONSENT AND RELEASE

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 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)
425 West Capitol Ave, 8th Floor
Little Rock, AR 72201
OR Email: Alex.Harper@carkw.com

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 fast 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 fast 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 _____

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: _____