



THE ROARK GROUP
 1600 NORTH 35TH STREET
 ROGERS, AR 72756
 479-636-1686
 FAX 479-631-8101

Equal opportunity employer

This application for employment will not be considered unless fully completed.

Last Name	First Name	Middle Name	Social Security Number
Street Address			
City, State, and Zip Code		Telephone Number () ()	Alternate Telephone () ()
Have you ever been employed by The RoArk Group? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF YES:	Dates of employment
Reason for leaving		Name Employed Under If Now Different	
Position you are applying for	Rate of pay expected	Date you can start work	
List relatives employed by RoArk Printing, how related and where they work.			
Type of Employment you are seeking. Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>			
Can you, after employment, submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Check the highest level or equivalent completed:			
Elementary School <input type="checkbox"/> or less 8	High School <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	College / Tech <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of college, university or vo-tech attended: _____			

First Name

Last Name

Please Print:

EMPLOYMENT HISTORY - List entire employment history, starting with your present employer. For any unemployed or self-employed periods show dates and location. (Attach additional sheets if necessary.)

Company Name: _____	Your Job: _____	Last Pay Rate: _____
Address: _____	Supervisor's Name: _____	Reason for Leaving: _____
City / State / Zip: _____	Dates Employed From: _____ To: _____	_____
Phone #: _____		_____
Company Name: _____	Your Job: _____	Last Pay Rate: _____
Address: _____	Supervisor's Name: _____	Reason for Leaving: _____
City / State / Zip: _____	Dates Employed From: _____ To: _____	_____
Phone #: _____		_____
Company Name: _____	Your Job: _____	Last Pay Rate: _____
Address: _____	Supervisor's Name: _____	Reason for Leaving: _____
City / State / Zip: _____	Dates Employed From: _____ To: _____	_____
Phone #: _____		_____

- If currently employed, may we contact your employer? Yes No
- Are you available to work Nights? Yes No

List two (2) people (no relatives) you have worked with and whom we may contact for a reference if necessary.

Name: _____ Occupation: _____

Street: _____ City: _____ State: _____

Phone # _____

Name: _____ Occupation: _____

Street: _____ City: _____ State: _____

Phone # _____

IMPORTANT - We are glad you are interested in joining the RoArk family. Please read the following statements carefully before you sign and return this application.

The company, in considering my application for employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies and doctors to supply any information concerning my background. I have read, understand, and agree to this statement, (please initial here). _____

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment, or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause (please initial here). _____

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires. _____

Date of Application _____ Signature as shown on Social Security Card _____