

TERMINATION OF EMPLOYMENT AT THE UNIVERSITY OF ARKANSAS

An employee who has been dismissed for cause or who has been designated by their campus or division as not eligible for re-hire shall not be eligible for re-employment within any of the University of Arkansas System's campuses, units or divisions.

May 23, 2013

**Acknowledgement of Applicant who has never been employed by the University of Arkansas Systems**

*I have read the above statement and solemnly swear that I have never been employed by another University of Arkansas campus or institution.*

\_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant/Employee**

**Date**

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**Acknowledgement of Applicant who has been/is employed with the University of Arkansas Systems**

*I have read the above statements and would like to provide information regarding my employment with the following University of Arkansas campus or institutions. (Use additional pages as needed.)*

Institution \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Last Date of Employment \_\_\_\_\_

Eligible for Rehire?  YES  NO

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant**

**Date**

UACCB HR verified eligibility for rehire on \_\_\_\_\_ by speaking with \_\_\_\_\_

Comments \_\_\_\_\_

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

**NOTE TO APPLICANTS: YOU MUST READ AND SIGN THIS PAGE TO FINALIZE YOUR APPLICATION**

**Check over your answers to make sure that all questions have been completed properly. If the job you are applying for requires a college degree or certification, a copy of your transcript, certificate, or license may be required as a condition of employment.**

I, the below signed individual, hereby declare that the information on this application is complete, true and accurate.

I understand that if I am hired, that my employment is not for any definite period of time, and I may be terminated at any time.

I understand that if I state that I have a college degree, and do not have one, that my application will be rejected or, if hired, I will be terminated in accordance with Arkansas Code § 21-12-102.

I understand that my application may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

I understand that certain jobs may require an acceptable driver's safety record, and that if my current or future driver's record is unacceptable under the State Driver's Risk Program, my application may be rejected and, if hired, I may be subject to termination.

I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition of any employment.

I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee or rejection as an applicant.

I also understand that some jobs require special background checks, security clearance, or compliance with other specific agency hiring policies prior to my employment, or as a condition of employment; and that failure to meet these requirements may lead to my rejection as an applicant for, or termination from, that job.

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**Signature of Applicant**

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**Date**