



Genoa Central School District

Texarkana, Arkansas

Administration Phone: 870.653.4343. | Fax: 870.653.2624

Classified Application

The Genoa Central School District does not discriminate in employment on the basis of race, color, sex, national origin or handicap.

Last Name First Name Middle Name

Current Address

City State Zip Code Phone Number

Permanent Address

City State Zip Code Phone Number

SSN

US Citizen Green Card Number

IN CASE OF EMERGENCY NOTIFY

Name Address/Phone

DESIRED POSITION

Please indicate the positions in which you are interested:

**60 college hours, associate degree or pass Para Professional Assesment as requided by the Arkansas Department of Education*

- Secretarial** **Para Professional*** **Food Service**
 Maintenance **Custodian** **Other:**
 Nurse

If applying for substitute teacher, please select the schools where you would like to substitute.

- K-3** **4th-6th** **7th-9th** **10th-12th**

Bus Driver
 CDL License No. _____

Have you had any type of accident in the last three years? _____

QUALIFICATIONS

List training you have had that you feel would help you to perform the above positions:

- High School Diploma _____ Years of College Bachelor's Degree or Above
(Please Include Transcript)

Do you use intoxicants? Yes No If Yes, to what degree?
Do you use drugs? Yes No If Yes, to what degree?

REFERENCES

_____	_____	_____
Full Name of Reference	Full Name of Reference	Full Name of Reference
_____	_____	_____
Mailing Address	Mailing Address	Mailing Address
_____	_____	_____
Phone #	Phone #	Phone #
_____	_____	_____
Position	Position	Position

WORK HISTORY

Name of Present Employer: _____

Name of Present Supervisor: _____

Have you ever been convicted of a felony? Yes NO If Yes, please explain.

Have you ever been discharged or ask to resign from any position(s)? Yes No List each instance.

Veteran Information *(please indicate if any of the following apply to you)*

Veteran under age fifty-five (55)?	<input type="radio"/>	<input type="radio"/>
	Yes	No
Veteran who is over the age of fifty-five (55), disabled <i>(it is not necessary that the disability is service-connected)</i> , and entitled to a pension or compensation under existing laws?	<input type="radio"/>	<input type="radio"/>
	Yes	No
Veteran that suffers from a service-connected disability?	<input type="radio"/>	<input type="radio"/>
	Yes	No
Spouse of a deceased veteran who is unmarried at the time of hiring?	<input type="radio"/>	<input type="radio"/>
	Yes	No
Spouse of a veteran who suffers from a service-connected disability?	<input type="radio"/>	<input type="radio"/>
	Yes	No

BY MY SIGNATURE:

- (1) I certify that I have given true and accurate information. I understand that if I am selected to work for the Genoa Central School District and it is found such information is false, I will be subject to dismissal without notice for omitting or giving inaccurate information on this application.
- (2) I grant permission to the Genoa Central School District to investigate my references and release said company, individual, and my former employers who supply written and /or oral references from any and all liability resulting from such investigation.
- (3) I hereby give the school administration approval to obtain a moving vehicle report of my driving record. Also, I hold free from liability the school district, its employees, or anyone giving information as to my reputation, employment, or health history.

Applicant Name Date _____

Applicant Email Address

PLEASE return as directed in announcement.

FOR DISTRICT USE ONLY

Date Interviewed: _____
Interviewed By: _____
Reference: _____