

Application for Employment

Mountain Pine School District
P.O. Box 1
Mountain Pine, Arkansas 71956
(501) 767-1540 Ext. 1

Applications are kept on file for a period of six (6) months; therefore, if you have completed an application for the School District within the last six months – for any position – it is not necessary for you to fill out another form.

Completed applications may be submitted by mail to the Mountain Pine School District, Superintendent's Office, Post Office Box 1, Mountain Pine, Arkansas 71956; or submit in person between the hours of 8:00 A.M. and 4:00 P.M., Monday through Friday.

The Mountain Pine School District is an equal opportunity employer. Discrimination because of age, sex, race, color, creed, disability, veteran status, or national origin is prohibited.

Information provided on the application form and any attachments is subject to disclosure under the Freedom of Information Act.

Application for Employment
Mountain Pine School District
(Please complete application on a Typewriter or Print in Ink)

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Social Security Number _____

Mailing Address _____

Phone Numbers _____
(Home) (Message)

Position Applying For _____

Expected Salary _____

Driver's License No. _____ State _____ Class _____

Have you ever been convicted of a felony? _____ If "Yes", complete the following information (convictions only):

Charge _____ Date _____

Disposition of Case _____

List Special Training and Skills _____

VETERAN'S PREFERENCE

In accordance with Arkansas law, the District provides a veteran preference to applicants who qualify for one of the following categories:

1. a veteran without a service-connected disability;
2. a veteran with a service-connected disability; and
3. a deceased veteran's spouse who is unmarried throughout the hiring process.

For purposes of this policy, "veteran" is defined as:

- a. A person honorably discharged from a tour of active duty, other than active duty for training only, with the armed forces of the United States; or
- b. Any person who has served honorably in the National Guard or reserve forces of the United States for a period of at least six (6) years, whether or not the person has retired or been discharged.

In order for an applicant to receive the veteran's preference, the applicant must be a citizen and resident of Arkansas, be substantially equally qualified as other applicants and do all of the following:

1. Indicate on the employment application the category the applicant qualifies for;
2. Attach the following documentation, **as applicable**, to the employment application:
 - Form DD-214 indicating honorable discharge;
 - A letter dated within the last six months from the applicant's command indicating years of service in the National Guard or Reserve Forces as well as the applicant's current status;
 - Marriage license;
 - Death certificate;
 - Disability letter from the Veteran's Administration (in the case of an applicant with a service-related disability).

Failure of the applicant to comply with the above requirements shall result in the applicant not receiving the veteran preference; in addition, meeting the qualifications of a veteran or spousal category does not guarantee either an interview or being hired.

Please indicate category that you qualify for:

----- a veteran without a service-connected disability

----- a veteran with a service-connected disability

----- a deceased veteran's spouse who is unmarried throughout the hiring process

Employment History

(List all present and past Employment, beginning with most recent)

Company Name _____ Phone Number _____

Address _____

Supervisor _____ Date _____ to _____

Salary _____ Reason for Leaving _____

Duties _____

Company Name _____ Phone Number _____

Address _____

Supervisor _____ Date _____ to _____

Salary _____ Reason for Leaving _____

Duties _____

Company Name _____ Phone Number _____

Address _____

Supervisor _____ Date _____ to _____

Salary _____ Reason for Leaving _____

Duties _____

Company Name _____ Phone Number _____

Address _____

Supervisor _____ Date _____ to _____

Salary _____ Reason for Leaving _____

Duties _____

May we contact the employer(s) listed? _____ If not, indicate which one(s) you do not wish us to contact:

Education Record

High School

Name _____

Location _____

Years Completed _____ Did you Graduate? _____

If "No", do you have a GED? _____

College

Name _____

Location _____

Years Completed _____ Major _____ Degree _____

Business School

Name _____

Location _____

Years Completed _____ Course of Study _____

Certificate/Degree Earned _____

Trade or Other School

Name _____

Location _____

Years Completed _____ Course of Study _____

Certificate/Degree Earned _____

Other Schools Attended and/or Special Educational Achievements:

References

Name	Address	Profession	Phone
Name	Address	Profession	Phone
Name	Address	Profession	Phone

Your Application Will Be Considered Incomplete If This Certification and Consent Is Not Signed and Dated

I certify that the information set forth in my application for employment is true and complete to the best of my knowledge. I authorize the Mountain Pine School District to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release all employers, schools and/or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal.

Can enter pre-employment drug testing consent if needed

Applicant Signature _____ Date _____

AUTHORIZATION

I hereby authorize the Mountain Pine School District to obtain a completed report of my driving record. *(For equipment operators, and Bus Drivers ONLY)*

Name (Please Print) _____
Date of Birth _____
Driver's License Number _____
State In Which Issued _____
Expiration Date _____ Class of License _____

Signature of Applicant _____

Date Signed _____