

CLEVELAND COUNTY SCHOOL DISTRICT
Application for Employment
An Equal Opportunity Employer

P.O. Box 600
Rison, AR 71665

Application No. _____

We are pleased that you are interested in employment with us. We offer equal opportunities to all persons without regard to race color, religion, sex, age, national origin, handicap or veteran status. Please complete this application form in ink in your own handwriting. Answer all questions fully since all statements made by you will be checked for accuracy. We will give this application every consideration, however, accepting it does not imply a commitment of employment. THIS APPLICATION FOR EMPLOYMENT WILL BE REMOVED FROM OUR ACTIVE FILES AFTER ONE YEAR UNLESS RENEWED BY THE APPLICANT.

Date of Application _____

Date Available for Employment _____

Type of Employment: Full Time _____ Part Time _____

Name: _____
Last First Middle

Present Address: _____
Street or P.O. Box City/State Zip

Area Code/Telephone No: () _____

Position(s) Applied For: _____

Are you over the age of 18? ___ Yes ___ No If no, employment subject to verification of minimum legal age by age certificate or work permit.

Do you have the legal right to live and work in the U.S.? ___ Yes ___ No If not a U.S. citizen, please provide proof that you can legally be employed in the United States.

Have you ever applied for employment with us before? ___ Yes ___ No
If Yes, when? _____ (date)

Have you ever been employed by us? ___ Yes ___ No If yes,
From _____ (Mo./Yr.) To _____ (Mo./Yr.)

How were you referred to us? _____ Employee referral _____ Employment agency
_____ Newspaper _____ Walk-in _____ Other:

Are you presently employed? ___ Yes ___ No
If now employed, does your employer know of your plans to change employment? ___ Yes ___ No
May we contact your present employer? ___ Yes ___ No
Why do you desire to make a change in employment at this time?

Have you ever been discharged or asked to resign from a position? _____ Yes _____ No
If so, please explain: _____

Have you ever held a position of trust (handling monies, securities or confidential material)?
_____ Yes _____ No
Have you ever been bonded? _____ Yes _____ No
Have you ever been convicted of a felony? _____ Yes _____ No If yes, state details: _____

Do you have steady transportation to work? _____ Yes _____ No If needed for work, do you have
access to a motor vehicle? _____ Yes _____ No
If applying for a position requiring the driving of a motor vehicle, do you have a valid license for the type
vehicle to be operated? _____ Yes _____ No If so, expiration date _____ Driver License
number _____ State of Issue _____.

Have you served in the armed forces? _____ Yes _____ No If yes, From _____
To _____ Which service? _____
What branch of that service? _____
Starting Rank _____ Final Rank _____
What were your duties? _____
List schooling and special training received in service with approximate time (Armed Forces) _____

EDUCATION

Circle highest year of education completed and give degrees received:
GRADE SCHOOL HIGH SCHOOL COLLEGE DEGREE(S) RECEIVED
1 2 3 4 5 6 7 8 1 2 3 4 1 2 3 4 5 6 7
Name of school(s) issuing degree(s): _____

Describe any other specialized professional training (such as technical, correspondence, or night school
courses): _____

Specify professional designations, certifications, licenses, or registrations held: _____

No: _____ Issued in what state: _____ Expiration Date: _____

Complete if applying for a clerical position: List machines you can operate:

Typewriter	_____	WPM	_____
Calculator	_____	Computer Terminal	_____
Duplicator	_____	Word Processor	_____
Copier	_____	Fax Machine	_____
Other	_____		_____
	_____		_____
	_____		_____

Other skills which would be of assistance in determining qualifications for employment: _____

LIST PERSONAL REFERENCES (DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS)

Name _____ Occupation _____
Address/Phone _____

Name _____ Occupation _____
Address/Phone _____

Name _____ Occupation _____
Address/Phone _____

WORK HISTORY

Start with most recent or present employer:

1. Name of Employer _____
Address _____ Phone _____
Immediate Supervisor (name & position) _____
Date Hired _____ Starting Rate _____
Date Left _____ Final Rate _____
Present or Final Position _____
Job Duties _____
Reason for Leaving _____

2. Name of Employer _____
Address _____ Phone _____
Immediate Supervisor (name & position) _____
Date Hired _____ Starting Rate _____
Date Left _____ Final Rate _____
Present or Final Position _____
Job Duties _____
Reason for Leaving _____

3. Name of Employer _____
Address _____ Phone _____
Immediate Supervisor (name & position) _____
Date Hired _____ Starting Rate _____
Date Left _____ Final Rate _____
Present or Final Position _____
Job Duties _____
Reason for Leaving _____

TO BE COMPLETED BY APPLICANT:

1. Have you ever been convicted of an offense involving child abuse or child neglect? ___ Yes ___ No
If yes, please explain: _____

2. Has a court ever denied you parental, custodial, or visitation rights as a result of neglect or abuse of a child? _____
If yes, please explain: _____

3. PREVIOUS EMPLOYMENT: (Six years previous to date of this application). Please complete even though employment is mentioned elsewhere in this application.

ORGANIZATION OR COMPANY	REFERENCE (NAME)	ADDRESS	DATES OF EMPLOYMENT
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

List any special skills or experiences not previously listed.

If applying for a certified position, please attach a copy of teaching certificate and college transcript.

If you are a recent college graduate and you are applying for a teaching position, please complete this section.

Name of school district where you practice taught: _____

Name of school _____ Name of Principal _____

Name of supervising teacher _____

Grade levels and/or subject areas taught _____

Year and semester you practice taught _____

Use the back of this page to write a paragraph explaining why you are a quality applicant for this position.

BUS DRIVER APPLICANTS ONLY

Have you had any type of vehicle accident in the last three years? _____ Yes _____ No
If yes, give approximate dates

Have you ever been arrested for a moving traffic violation in the last three years? _____ Yes _____ No
If yes, give approximate dates

Has your driver's license ever been suspended or revoked? _____ Yes _____ No
If yes, please explain

BY MY SIGNATURE BELOW, I HEREBY GIVE THE PROPER SCHOOL AUTHORITIES APPROVAL TO OBTAIN A MOVING VEHICLE REPORT ON MY DRIVING RECORD.

Signature

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

“I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references, and other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I further agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without prior notice to my supervisor.”

Date

Signature of applicant