

APPLICATION FOR EMPLOYMENT *with the* BAY SCHOOL DISTRICT

Position for which you are applying: _____

Last Name First Name Middle Name(s) Social Security Number

Mailing Address City State Zip Work Phone Home Phone

Are you now or have you every been in the Military Service? YES or NO

If so list dates and branch of service: _____

Summary of Education & Professional Training– List level of education completed, training courses, diplomas, certificates, and licenses which you have completed or earned (if you are applying for a certified position, attach copies of all college transcripts and your Arkansas Teaching Certificate):

Summary of Work-Related Skills and Experience– List your abilities, skills, competencies and years of experience relating to the job for which you are applying (you may attach a resume instead of filling this in)–be sure to list your years of experience in previous positions:

Criminal History– If you have been convicted of any crime, give the name(s) or description(s) of the offense(s), including the approximate date and location of the conviction (if you are selected for provisional employment, you will be required to apply for a criminal background check and be declared eligible for employment by the Arkansas Department of Education in order to remain employed):

References: List people who we can contact and ask about your work ethics and performance.

1.	Name	Title	Address	Phone
2.	Name	Title	Address	Phone
3.	Name	Title	Address	Phone
4.	Name	Title	Address	Phone
5.	Name	Title	Address	Phone

I certify that the answers herein are true and complete to the best of my knowledge; I understand that false or misleading information in this application would be grounds for termination of employment. **WAIVER OF PRIVACY RIGHTS:** In consideration of the District's review of this application, I authorize Bay School District to make any investigation of my personal or employment history and authorize any former employee, person, firm, corporation, credit agency, or government agency to give Bay School District any information they may have regarding me; I release Bay School District and all providers of information from any liability as a result of furnishing or receiving this information.

Date _____ Applicant's Signature _____

Return or mail this application to Bay School District, c/o Superintendent's Office located at 700 School Street; our mailing address is P.O. Box 39, Bay, AR 72411; our FAX number is 870-781-3712. Call 870-781-3711 for questions. Bay School District is an equal opportunity employer.