

Emerson-Taylor-Bradley School District
 506 E. Pine Street
 Taylor, AR 71861
 (870)694-2251

Office Use Only
 Application Received: _____

APPLICATION FOR EMPLOYMENT – CLASSIFIED STAFF

Do not omit any applicable item. Failure to complete the entire application may result in the rejection of your candidacy.

| | | |
|------------------------------------------------------------------|------------|----------------|
| Last Name | First Name | Middle Initial |
| Present Address - Street or P.O. Box | | Phone |
| City | State | Zip |
| Permanent Address – Street or P.O. Box (If Different From Above) | | |
| City | State | Zip |
| Permanent Phone and/or additional phone numbers | | |

Employment Information

Position Desired: Check all areas for which you wish to be considered.

- | | | | |
|--------------------------------------------------------|----------------------------------------------|---------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Food Service | <input type="checkbox"/> Groundskeeper | <input type="checkbox"/> Computer Lab Manager |
| <input type="checkbox"/> Media Aide | <input type="checkbox"/> Transportation Aide | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Instructional Aide | <input type="checkbox"/> Study Hall Monitor | <input type="checkbox"/> Special Ed Aide | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Security | <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Accounting/Payroll | <input type="checkbox"/> Mechanic Helper |
| <input type="checkbox"/> Technology | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> Other - please specify: _____ | | | |

List skills that you have that support the position(s) you desire (include in training, licenses or certifications):

Education

NAME _____
 POSITION(S) DESIRED _____

DATE _____

Complete all applicable blanks.

| | | |
|--------------------|--------------------------------------------------------------------------------------------------------------|--------------------|
| High School | Diploma Awarded? Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/> | Date of Graduation |
| College/University | # Hours or Degree Completed | Date of Completion |
| Graduate Study | # Hours or Degree Completed | Date of Completion |

General Information

Have you ever been convicted of a felony? Yes No If yes, specify on a separate page.
 Have you ever been discharged or had a contract non-renewed? Yes No
 If yes, explain on a separate page.

Why do you wish to leave your present position? _____

Why do you wish to work here? _____

Are you a U.S. citizen? Yes No If not, are you a legal alien? Yes No

Have you ever been employed by Emerson-Taylor School District? Yes No
 If yes, give the dates/location/department and supervisor's name.

References

Please list at least three people who are knowledgeable about your work. The fourth reference may be a personal reference.

| | |
|---------|-------|
| 1) Name | Title |
| Address | Phone |
| 2) Name | Title |
| Address | Phone |
| 3) Name | Title |
| Address | Phone |
| 4) Name | Title |
| Address | Phone |

Experience

Supply the requested information for the most recent jobs that you've worked, beginning with the most recent.

| | |
|------------------------------------|------------------------------|
| 1) Employer | Address |
| Dates of Service From: Through: | Job Description |
| Phone | Name of Immediate Supervisor |
| 2) Employer | Address |
| Dates of Service From: Through: | Job Description |
| Phone | Name of Immediate Supervisor |
| 3) Employer | Address |
| Dates of Service From: Through: | Job Description |
| Phone | Name of Immediate Supervisor |
| 4) Employer | Address |
| Dates of Service From: Through: | Job Description |
| Phone | Name of Immediate Supervisor |
| 5) Employer | Address |
| Dates of Service From: Through: | Job Description |
| Phone | Name of Immediate Supervisor |

Transportation/Bus Driver Applicants Only

1. Are you willing to sign a release and consent form permitting the district to conduct drug and/or alcohol tests at any time? Yes No
2. Are you willing to sign an authorization allowing the district to obtain your driving record? Yes No
3. Have you been convicted of a DWI/DUI in the last five years? Yes No
4. Do you currently hold a valid CDL? Yes No

List below the driving experiences that you have had that required a CDL.

| EMPLOYER | PHONE | TYPE OF VEHICLE DRIVEN | DATES OF EMPLOYMENT |
|----------|-------|------------------------|---------------------|
| | | | From: Through: |
| | | | From: Through: |
| | | | From: Through: |
| | | | From: Through: |
| | | | From: Through: |

Applicant's Acknowledgment, Authorization, and Release

Please Read Carefully Before Signing

Application forms are sent to all who request them, regardless of existing vacancies. The issuance of such forms does not signify that the applicant is under consideration for employment. An application remains active for a period of two years and must be renewed following this period. If recommended for employment, a non-criminal background check will be required.

I certify that the information given by me in this application is true and correct without omissions of any kind. I agree that the Emerson-Taylor School District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the Emerson-Taylor School District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the Emerson-Taylor School District any information they may have regarding me. In consideration of the Emerson-Taylor School District's review of this application, I hereby release the District as well as other providers of information from any liability and for any damage that may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Applicant's
signature _____

Date _____

In compliance with federal nondiscrimination laws the Emerson-Taylor School District does not discriminate in employment and education practices relative to race or national origin (Title VI of the Civil Rights Act of 1964), handicap or disability (section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act), sex (Title IX of the Education Amendments of 1972), age (The Age Discrimination Act of 1975). The coordinator and contact person for all the above civil rights areas is the Superintendent, Emerson-Taylor School District, P.O. Box 129, Emerson, AR 71740, phone: (870) 547-2218

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Date Interviewed and by whom: (1) _____ / _____

(2) _____ / _____

(3) _____ / _____

(4) _____ / _____

(5) _____ / _____