

NORTHEAST ARKANSAS EDUCATIONAL COOPERATIVE

211 W. HICKORY STREET
WALNUT RIDGE, AR 72476
Telephone: 870-886-7717
Fax: 870-886-7719

Application for Employment

Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered. PLEASE PRINT except for signature.

I. **PERSONAL**

Position Applied for: _____ Today's Date: _____

Name: _____ Phone Number: _____

Address: _____
City State Zip

Email Address: _____

Were you ever employed here? Yes _____ No _____ If yes, when? _____

Number of days work missed in the last six (6) months: _____

II. **WORK HISTORY**

Please attach a resume' or list below all present and past employment, beginning with most recent, covering all periods of time. If self-employed, supply business references. PLEASE GIVE MONTH AND YEAR.

Employer's Name, Address & Phone	Date worked		Duties	Supervisor	Reason for Leaving
	To: Mo./Yr.	From: Mo./Yr.			

Continue on a sheet of blank paper if you don't have enough room to list your employers.

Explain any additional information relative to name change, use of assumed name or nickname necessary to enable us to check your work record.

III. **MILITARY HISTORY**

(Please complete this section ONLY if it applies to you.)

If this section does apply to you, please check the category/categories below as they apply to you and provide the requested information.

✓	<i>Category</i>	<i>Years of Service (if applicable)</i>	<i>Required Documents (must be sent in with application)</i>
	Veteran under the age of fifty-five (55)		Form DD-214, copy of birth certificate, letter from command indicating years of service in National Guard or Reserve Forces as well as current status (must be dated within last 6 months)
	Veteran over the age of fifty-five (55), disabled (disability does not have to be service-connected), and entitled to a pension or compensation		Form DD-214, copy of birth certificate, letter from veteran's physician indicating a disability (dated within last 6 months), letter from command indicating years of service in National Guard or Reserve Forces as well as current status (must be dated within last 6 months)
	Veteran with service-connected disability		Form DD-214, disability letter from Veterans' Association, letter from command indicating years of service in National Guard or Reserve Forces as well as current status (must be dated within last 6 months)
	Spouse of a deceased veteran (must be unmarried at the time of hiring)		Form DD-214, copy of marriage certificate, copy of veteran's death certificate
	Spouse of a veteran with service-connected disability		Form DD-214, disability letter from Veterans' Association, letter from veteran's command indicating years of service in National Guard or Reserve Forces as well as current status (must be dated within last 6 months)

*You may go to the link below and submit a request for the Form DD-214 to submit with this application. There is a fee for this request so please read all instructions on the site and note the fee before making your request for the form.

<http://www.archives.gov/veterans/military-service-records/>

IV. EDUCATION

Name of Institution	Address	Degree	Major	Date of Leaving

Advanced Degree or Course Work: _____

Additional Educational Vocational Technical Training information: _____

Do you hold a valid Arkansas Teaching Certificate? _____ If yes, please attach copy.

V. NARRATIVE

Why do you want to work in our program? _____

What do you feel qualifies you for this job? _____

VI. AFFIDAVIT

I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or omissions may render this application void, or if employed, would be cause for termination. I authorize individuals or institutions named above to give information regarding my employment, character and qualification, hereby releasing them from all liability for issuing such information.

Signature: _____

Date: _____

Date Employed: _____

Date of Separation: _____

REFERENCES

Please give the names, complete addresses, and phone numbers of three people (no relatives or former employers) we may contact about you.

Applicant: _____

Date of Application: _____

Position Applied for: _____

REFERENCE #1: _____

Name

Address (Number & Street or Box)

City

State

Zip

Phone: _____

REFERENCE #2: _____

Name

Address (Number & Street or Box)

City

State

Zip

Phone: _____

REFERENCE #3: _____

Name

Address (Number & Street or Box)

City

State

Zip

Phone: _____

Return complete application to: Northeast AR Educational Cooperative
211 West Hickory
Walnut Ridge, AR 72476