

Woodlawn School District  
6760 Hwy. 63  
Rison, AR 71665  
Phone (870)357-8108 Fax (870)357-8718

Classified Employment Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Desired: \_\_\_\_\_  
(secretary, cafeteria, paraprofessional, custodian, bus driver, etc.)

Date Available: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Applicants for employment are accepted without regard to sex, race, color, national origin, physical/mental handicap, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment with our school.

Woodlawn School District Classified Application

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

---

Are you a U.S. Citizen? \_\_\_\_\_ If not, are you a Legal Alien? \_\_\_\_\_

Have you ever been convicted of a crime/felony? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

---

---

Are you currently listed on the child maltreatment registry? \_\_\_\_\_

You are required to have a criminal background check by the Arkansas Department of Education. Forms are available in the superintendent's office.

---

References: Please list four references-

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>

Educational and Professional Training:				
school	name/address	years attended	graduation date	courses
high school:				
college:				
trade school:				

Work Experience: List all experience in chronological order:

Dates	How long?	name of employer/address	job	full/part time	reason for leaving

**Answer the following questions only if applying for a transportation position, otherwise proceed to the Agreement section on next page:**

Have you ever driven a school bus? \_\_\_\_\_ If so, where: \_\_\_\_\_

How many years: \_\_\_\_\_

What other driving experience have you had? (give years of experience)

Car: \_\_\_\_\_

Truck: \_\_\_\_\_

Other: \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Have you taken the CDL test for driving a bus? \_\_\_\_\_ Pass? \_\_\_\_\_

AGREEMENT

I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts is cause for dismissal without notice at any time during my employment.

I agree, if employed, to follow all rules and regulations of the district.

I understand, by state law, the board of education must require all employees to submit a health certificate from a physician along with a tuberculin test, at my expense.

You are required to have a criminal background check by the Arkansas Department of Education. Forms are available in the superintendent's office.

I agree to promptly notify the district of any change of address during my employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_