

# CROSSETT SCHOOL DISTRICT

Certified Employment Application



## APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.		
Position(s) Applied for:				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
				YES <input type="checkbox"/>
				NO <input type="checkbox"/>
Have you ever worked for this district?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
What type of license do you have?		Standard <input type="checkbox"/>	Initial <input type="checkbox"/>	Provisional <input type="checkbox"/>
				MAT Program (awaiting employment) <input type="checkbox"/>
What are your areas of certification? Give the three digit licensure code.)				

## EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
Undergraduate College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
Graduate College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree

## REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone (    )
Address		
Full Name		Relationship
Company		Phone (    )
Address		
Full Name		Relationship
Company		Phone (    )
Address		

**PRESENT / PREVIOUS EMPLOYMENT**

This box may contain information about your student teaching if you are a new graduate.

School / Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
School / Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
School / Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**Please attach a current resume/vitae, current transcript(s), and at least two (2) letter(s) of recommendation.****DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I hereby authorize designees of the Crossett School District to conduct whatever investigation necessary in connection with the data given herein. I hold harmless all such inquiries and responses. I understand that any falsification of information contained herein is sufficient cause for rejection of this application or if employment has ensued, for immediate termination of my contract. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. All applicants are subject to a State Police/FBI Criminal Background check. All successful applicants are subject to submitting an up-to-date TB/Health card. (ACA § 6-17-410; 6-17-101). **Crossett School District is an equal opportunity employer and does not discriminate on the basis of race, creed, religion, sex, age, or handicap.**

Signature

Date