



CROSSETT SCHOOL DISTRICT

Classified 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.		Driver's License #:	CDL: YES <input type="checkbox"/> NO <input type="checkbox"/>
Driver's License Restrictions:		Have you been convicted of or forfeited a bond for a moving traffic violation in the last three years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give the date:		
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 area of employment are you interested in?		Bus Driver <input type="checkbox"/>	Secretarial <input type="checkbox"/>	Food Service <input type="checkbox"/> Paraprofessional/Aide <input type="checkbox"/> Maintenance <input type="checkbox"/>
What training or skills do you possess that make you qualified for this position?				
Do you have any impairment – physical, mental or medical – that would interfere with your ability to do the job? If so, explain.				

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
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 ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

School / Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

School / Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO **MILITARY SERVICE**

Branch	From	To
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Rank at Discharge	Type of Discharge
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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 employment. 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, physical examination, drug testing/screening, and moving vehicle report inquires throughout the time application and ensuing employment. 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
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