

**CLASSIFIED EMPLOYMENT APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

Position Desired \_\_\_\_\_

**DEWITT SCHOOL DISTRICT No. 1**  
**PO Box 700 1841 S. Grandview Drive**  
**DEWITT, ARKANSAS 72042**

The DeWitt School District is an equal opportunity educational and employment institution.  
The law protects the rights of an equal employment opportunity regardless of race,  
religious creed, national origin, ancestry, physical handicap, sex, or age.

# DEWITT SCHOOL DISTRICT

AN EQUAL OPPORTUNITY EMPLOYER

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

Phone \_\_\_\_\_ How long at this address? \_\_\_\_\_  
DATE

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
MONTH DAY YEAR

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

Have you ever been employed here? \_\_\_\_\_ When? \_\_\_\_\_ Location or Department \_\_\_\_\_

Names of relatives or friends working here \_\_\_\_\_

Referred by \_\_\_\_\_ Friend \_\_\_\_\_ Relation \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

Have you ever been convicted of a crime (other than traffic violations)? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer above is "YES" please explain. \_\_\_\_\_

Do you have any physical impairment that would interfere with your performance in the position for which you are applying?  
 \_\_\_\_\_

Position(s) Desired \_\_\_\_\_ Date Available \_\_\_\_\_

**LIST NAMES OF TWO REFERENCES (Not Relatives) TO WHOM WE MAY REFER**

| NAME | OCCUPATION | ADDRESS |
|------|------------|---------|
|      |            |         |
|      |            |         |

**EDUCATION**

|                                 | NAME & LOCATION OF SCHOOL | NO. OF YRS. ATTENDED | DATE GRADUATED | TYPE OF COURSE |
|---------------------------------|---------------------------|----------------------|----------------|----------------|
| <b>Elementary School</b>        |                           |                      |                |                |
| <b>High School</b>              |                           |                      |                |                |
| <b>College</b>                  |                           |                      |                | <b>DEGREE</b>  |
| <b>Trade or Business School</b> |                           |                      |                |                |

**EMPLOYMENT HISTORY**  
(Cover at least last five years)

Are you presently employed? If so, list name and address of employer in the first space below.

| NAME & ADDRESS OF EMPLOYER                               | DATE  |      | POSITION | SALARY | REASON FOR LEAVING |
|----------------------------------------------------------|-------|------|----------|--------|--------------------|
|                                                          | Month | Year |          |        |                    |
| Name _____<br>Address _____<br>_____<br>Supervisor _____ | From  |      |          |        |                    |
|                                                          | To    |      |          |        |                    |
| Name _____<br>Address _____<br>_____<br>Supervisor _____ | From  |      |          |        |                    |
|                                                          | To    |      |          |        |                    |
| Name _____<br>Address _____<br>_____<br>Supervisor _____ | From  |      |          |        |                    |
|                                                          | To    |      |          |        |                    |
| Name _____<br>Address _____<br>_____<br>Supervisor _____ | From  |      |          |        |                    |
|                                                          | To    |      |          |        |                    |
| Name _____<br>Address _____<br>_____<br>Supervisor _____ | From  |      |          |        |                    |
|                                                          | To    |      |          |        |                    |

**MILITARY SERVICE**

Branch of Service \_\_\_\_\_ Entered \_\_\_\_\_ Discharged \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in – National Guard \_\_\_\_\_ Reserves \_\_\_\_\_ until \_\_\_\_\_

Explain National Guard or Reserve Commitment \_\_\_\_\_

What is your present Selective Service classification? \_\_\_\_\_

Have you ever worked with children? \_\_\_\_\_ If so, where? \_\_\_\_\_

**POSITION**

Check the type of position(s) for which you are qualified.

- |                                         |                                              |                                             |
|-----------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Secretary      | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Bus Driver         |
| <input type="checkbox"/> Bookkeeper     | <input type="checkbox"/> Custodian           | <input type="checkbox"/> Other (list below) |
| <input type="checkbox"/> Teacher's Aide | <input type="checkbox"/> Cook                | _____                                       |
| <input type="checkbox"/> Nurse          |                                              | _____                                       |

Answer the following questions only if applying for a transportation position. Otherwise, proceed to the Agreement Section.

Have you ever driven a (type of vehicle)? \_\_\_\_\_

If so, where? \_\_\_\_\_

How many years? \_\_\_\_\_

What other driving experience have you had? (Give number of years of experience.)

Car \_\_\_\_\_

Truck \_\_\_\_\_

Other \_\_\_\_\_

Do you have a CDL? \_\_\_\_\_ CDL No. \_\_\_\_\_

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

Driver's License number \_\_\_\_\_ Bus Driver Permit Number \_\_\_\_\_

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**AGREEMENT**

I authorize investigation of all statement contained in this application. I understand misrepresentation or omission of facts called for 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 -- a chest x-ray report or tuberculin test year. I further understand and agree the tuberculin test will be at my expense.

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**Interviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date Employed** \_\_\_\_\_ **Reporting Date** \_\_\_\_\_ **Position** \_\_\_\_\_

**School or Department** \_\_\_\_\_ **Building Assignment** \_\_\_\_\_

**Salary** \_\_\_\_\_ **Hours** \_\_\_\_\_