

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
Elementary School				
High School				
College				DEGREE
Trade or Business School				

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 _____ Address _____ _____ Supervisor _____	From				
	To				
Name _____ Address _____ _____ Supervisor _____	From				
	To				
Name _____ Address _____ _____ Supervisor _____	From				
	To				
Name _____ Address _____ _____ Supervisor _____	From				
	To				
Name _____ Address _____ _____ 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.

- | | | |
|----------------------|---------------------------|--------------------------|
| _____ Secretary | _____ General Maintenance | _____ Bus Driver |
| _____ Bookkeeper | _____ Custodian | _____ Other (list below) |
| _____ Teacher's Aide | _____ Cook | _____ |
| _____ 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 _____

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 _____

FOR OFFICE USE ONLY

Interviewed by _____ Date _____

Remarks _____

Date Employed _____ Reporting Date _____ Position _____

School or Department _____ Building Assignment _____

Salary _____ Hours _____