COTTER PUBLIC SCHOOLS

CLASSIFIED PERSONNEL APPLICATION

P.O. BOX 70 COTTER, ARKANSAS 72626
TELEPHONE 870-435-6171 FAX 870-435-1300

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____ Date you are available to begin work_____

Name_____ Date_____

Address_____ City_____ State_____ Zip_____

Home Phone _____ Office Phone_____ Other _____

Email Address:_____ SocialSecurity Number:_____

Have you ever been convicted of a felony? [ ] Yes [ ] No If yes, please describe circumstances:

_____

Have you ever been involuntarily terminated or asked to resign from previous employment? _____

If yes please explain the circumstances of your termination_____

_____

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other trainings, certifications, or licenses held:_____

List other information pertinent to the employment you are seeking: _____

_____

REFERENCES: List three (3) individuals who have a personal knowledge of your work performance.		
Name	Address	Daytime Phone Number

EMPLOYMENT

(Most Recent First.)

1. Employer _____
Job Title _____ Dates Employed _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____
Job Title _____ Dates Employed _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____
Job Title _____ Dates Employed _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed two (2) years. .

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

Signature of Applicant Date