



Piggott SCHOOL DISTRICT

429 E. Main St.
P.O. Box 387
Piggott, AR 72454
Phone: (870) 598-2572



APPLICATION INSTRUCTIONS - CLASSIFIED-

Applications are accepted year-round, remain active for one full year and may be reviewed by phone or in writing. They are available at Central Office or by downloading on-line.

Once vacancies occur within the district, only completed applications will be reviewed for available positions. It is very important to submit all required documents with the application.

To ensure consideration for an employment interview, applicant must provide the following documents to complete the application file:

1) Completed Application

***If applying for Teacher's Aide/Paraprofessional position you must submit one of the following with your application:**

Photocopy of Associate Degree
Minimum of sixty (60) college credit hours
ParaPro Assessment Results

Send application and required documents to:

Mr. Freddie Bowen
Superintendent Piggott School District
429 E. Main St.
Piggott, Arkansas 72454

Applicant's Acknowledgement, Authorization, and Release

Read carefully before signing.

Application forms are sent to all who request them, regardless of existing vacancies. The issuance of such forms does not signify that the applicant is under consideration for employment. An application remains active for a period of one year and must be renewed following this period. If recommended for employment, a criminal background check will be required to be satisfactorily completed before an applicant will be employed.

I certify that the information given by me in this application is true and correct without omissions of any kind. I agree that the Piggott School District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the Piggott School District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the Piggott School District any information they may have regarding me. In consideration of the Piggott School District's review of this application, I hereby release the District as well as other providers of information from any liability and for any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such. Signature of

Date: Applicant:

In compliance with federal nondiscrimination laws, Piggott School District does not discriminate in employment and education practices relative to race or national origin (Title VI of the Civil Rights Act of 1964), disability (section 504 of the Rehabilitation Act of 1973 and Title I of the Americans with Disabilities Act), gender (Title IX of the Education Amendments of 1972), or age (The Age Discrimination Act of 1975).



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DATE RECEIVED IN
PERSONNEL OFFICE

APPLICATION FOR EMPLOYMENT - CLASSIFIED STAFF

Do not omit any applicable item. Failure to complete the entire form may result in the rejection of your candidacy.

General Information

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Additional phone number(s) where you may be reached during the day: _____

Social Security Number: _____ Email Address: _____

Are you one of the following:

☐ Veteran ☐ Disabled Veteran ☐ Surviving Spouse of a Veteran

Position Desired

Check appropriate:

☐ Bus Driver/Transportation ☐ Maintenance ☐ Cafeteria ☐ Custodian ☐ Secreterial/Clerical ☐ (Paraprofessional) ☐ Other

Teacher's Aide*

*If applying for Teacher's Aide/Paraprofessional position, please check applicable:

Please submit supporting documentation.

If Yes, identify:

No

If Yes, explain on a separate sheet of paper.

Yes

☐ ParaPro Assessment Results

Date available for employment:

Are you currently under contract?

☐ No

☐ Yes

If Yes, explain:

Current
Salary:

Additional Information

Have you ever been convicted of a felony?

☐ No

☐ Yes

Have you ever been discharged from a position ?

☐

☐

List additional information you think would be helpful concerning your knowledge, skills, experience and qualifications related to the position you are applying. (i.e. Computer skills, operation of machines/equipment, working with children, etc.) :

An Associate degree or two years of college (60 hours) **OR**

Qualifications

APP-CLASS 08/13/08

Education and Professional Training

High School	City & State	From	To	Date Received Diploma
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution - Under Graduate	City & State	Degree Awarded	Major	Minor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Experience:

Place of Employment Name of Supervisor Position Held From To
Provide at least three references for whom you have most recently been employed under and/or one additional person who can attest to your character and your qualifications.

Reference #1

Name: _____ Title: _____ Phone Number: _____
City: _____ State: _____ Zip: _____
Street Address: _____

Reference #2

Name: _____ Title: _____ Phone Number: _____

	References	

Street Address:	City:	State:	Zip:
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Reference #3

Name:	Title:	Phone Number:	Address:
Street			
	City:	State:	Zip:

APP-CLASS 08/13/08