

Lead Hill School District



Application for Employment (Classified Personnel)

P. O. Box 20, Lead Hill, AR 72644
Telephone: (870)436-0506
Website: leadhillschools.net

Name _____

LAST

FIRST

MIDDLE

Date _____

Position desired _____

AN EQUAL OPPORTUNITY EMPLOYER

Name _____ SS# _____
LAST FIRST MIDDLE

Current Address _____
NUMBER & STREET CITY STATE ZIP CODE

Phone _____ I will be available at the above address until _____
AREA CODE - NUMBER DATE

Permanent Address _____
NUMBER & STREET CITY STATE ZIP CODE

E-mail address _____

Are you a U.S. Citizen? Yes No If not, are you a legal Alien? Yes No

In case of emergency, notify _____ Relationship _____

Address _____ Phone _____
NUMBER & STREET CITY STATE ZIP CODE AREA CODE-NUMBER

References: Please give at least four references, including superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, and teaching ability.

Name	Position	Address City, State, Zip	Phone

EMPLOYMENT INFORMATION

Position Desired: _____ Date you can start: _____

How did you hear about this opening? _____

Are you currently employed? _____ May we contact your current employer? _____

Have you ever been asked to resign? Yes No If yes, please explain _____

Have you applied at Lead Hill School District before? _____

Have you ever been convicted, or are you currently being investigated for a felony? Yes No

If yes, please explain:

If selected for the position applying for, you understand that you must submit and successfully pass a background check. Yes No

EDUCATIONAL AND PROFESSIONAL TRAINING

	NAME OF INSTITUTION ATTENDED	CITY & STATE	DATES ATTENDED		GRADUATION		CREDIT HOURS EARNED
			FROM	TO	MO/YR	DEGREE	
			MO/YR	MO/YR			
HIGH SCHOOL							
COLLEGE OR UNIVERSITY							
GRADUATE WORK							

MILITARY SERVICE RECORD

Inclusive Dates		Branch of Service	City, State	Rank or Position Held	Reason For Leaving or Type of Discharge
From	To				

AGREEMENT

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS OR WILLFUL OMISSIONS WOULD BE CAUSE FOR DISMISSAL WITHOUT NOTICE AT ANY TIME DURING MY EMPLOYMENT.

I GIVE CONSENT FOR LEAD HILL SCHOOL OFFICIALS TO SEEK INFORMATION FROM PRIOR EMPLOYERS AND REFERENCES LISTED.

I UNDERSTAND THE ARKANSAS DEPARTMENT OF EDUCATION REQUIRES ALL EMPLOYEES TO BE SUBJECT TO A CRIMINAL BACKGROUND AND A CHILD MALTREATMENT BACKGROUND CHECK. I UNDERSTAND THAT ANY ASSOCIATED FEES MAY BE MY RESPONSIBILITY.

I AGREE, IF EMPLOYED, TO FOLLOW ALL POLICIES AND REGULATIONS OF THE DISTRICT.

I AGREE TO PROMPTLY NOTIFY THE DISTRICT OF ANY CHANGE OF ADDRESS DURING MY EMPLOYMENT.

SIGNATURE _____

DATE _____