

Application for Classified Position

Corning School District

P.O. Box 479

Corning, AR 72422

870-857-6818

Date: _____

Name _____ Social Security Number _____
Last First Middle

Present Address _____
Street City State Phone Number

How long have you lived at the above address? _____

Previous Address _____
Street City State Phone Number

How long did you live there? _____

Position(s) applied for:

_____ Bus Driver	_____ Secretarial/Clerical
_____ Maintenance	_____ Paraprofessional/Teacher's Aide
_____ Cafeteria	_____ Other _____
_____ Custodian	

Would you work full time? _____ Part time? _____ Specify days and hours if part time _____

Were you previously employed by us? _____ If yes, when? _____

List any friends or relatives working for us: _____

Name	Relationship
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_____	_____
Name	Relationship

If your application is considered favorable, on what date will you be available for work? _____

Person to be notified in case of accident or emergency: _____
Name Address Phone Number

Are there any other experiences, skills, or qualifications which you feel would especially fit for work with the school: _____

The Corning School District does not discriminate on the basis of race, color, national origin, sex, age, or handicap.

Record of Education

School	Name and Address	Last Year Attended	Degree Earned
High School			
College			
Other: Specify			

Personal References

Name	Address	Phone Number

Employment

List all present and past employment, beginning with your most recent.

Name of Business	Dates of Employment	Name of Supervisor

The information provided above is true and complete. I understand if employed, false statements on this application will be sufficient cause for dismissal.

Signature of Applicant



Veteran Information

For purposes of this application, “veteran” is defined as:

- a. A person honorably discharged from a tour of active duty, other than active duty for training only, with the armed forces of the United States; or
- b. Any person who has served honorably in the National Guard or reserve forces of the United States for a period of at least six (6) years, whether or not the person has retired or been discharged.

Circle the correct response.

1. Are you an Arkansas citizen and resident who is a veteran without a service-connected disability? Yes or No
2. Are you an Arkansas citizen and resident who is a veteran with a service-connected disability? Yes or No
3. Are you an Arkansas citizen and resident who is a deceased veteran's spouse who has remained unmarried? Yes or No

Attach the following documentation, as applicable, to the employment application:

- ____ Form DD-214 indicating honorable discharge;
- ____ A letter dated within the last six months from the applicant’s command indicating years of service in the National Guard or Reserve Forces as well as the applicant’s current status;
- ____ Marriage license;
- ____ Death certificate;
- ____ Disability letter from the Veteran’s Administration (in the case of an applicant with a service-related disability).