### **TIGERS**



# **Brinkley Public Schools**

Member North-Central Association 200 Tiger Drive Brinkley, Arkansas 72021 www.brinkleyschools.com

Brenda Poole, Superintendent

Telephone (870)734-5000 Fax (870) 734-5187

TO: INTERESTED APPLICANT

FROM: Brenda Poole, SUPERINTENDENT

We are delighted that you are interested in being considered for a position in the Brinkley School District.

Enclosed you will find an application form.

INSTRUCTIONAL AIDE APPLICANTS: We must have your completed application form and evidence of any higher education college credits, college degrees or scores from the paraprofessional exam. Please note that in order to qualify for an instructional aide position, you must have at least an Associate's Degree, 60 college credit hours or have passed the paraprofessional exam. This is required by the Federal No Child Left Behind Act.

When your application and supporting documents have been received, your file will be reviewed and you will be considered for a position in the schools. An interview will be arranged for you when you become an active candidate for a particular position.

NOTE: State law requires all employees of a public school system to complete a federal and state background check and Tuberculin test, at the employee's expense.

ENCLOSURE: Application

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NameLast		First	Middle	
Last	•	1.1181	Miduic	
Present Address				
	Number & Str	reet City	State Z	ip Code
Phone	I will be availab	le at the above address until _		(Date)
Permanent Address				
N	Jumber & Street	City State	Zip Code Area C	Code & Phone
Position Desired		Date Available		
Give date you would b	pe available for pos	ition		
Social Security Number		Date of Birth		
In case of emergency,	notify	Relationship		
Address		Pho	one	
Number & S	treet City	State Zip Code	Area Code & P	
Have you ever been co	onvicted of a crime	(other than traffic violations)	? Yes No	
If above answer is "YI	ES," please explain	1		
Do you have any physiare applying?	ical impairment tha	at would interfere with your pe	rformance in the positio	on for which y
		, including supervisors under personality, and working abilit	•	d and who ha
Name & Position		Address, City State & Zip	Phon	ne #
Į.				
				_

You may renew your application each year by bringing it up to date. Applications must be fully completed to be accepted.

Note: The Brinkley School District does not discriminate on the basis of race, color, national origin, sex, age, qualified handicap or veteran.

PAGE 2	
Have you ever worked with children?	If so, where?
If you are applying for an Instructional Aide position, y is a requirement of the No Child Left Behind federal la	you must meet one of the following requirements. (This aw.)
Passed the Para Professional Exam (attach so	cores); OR
Obtained 60 or more college credit hours (at	tach transcript); OR
Obtained an Associate's Degree or higher de	egree (attach transcript or copy of degree)
College activities in which you have participated	

#### EDUCATIONAL AND PROFESSIONAL TRAINING

			Dates A	Attended	Grad	uation	
	Names of Institution	City & State	From	То			Total Semester
	Attended		Mo. Yr.	Mo. Yr.			Hours
High School							
School							
College or							
University							
Graduate Work							
TOTAL SEMESTER HOURS OF CREDIT							

## WORK EXPERINCE (INCLUDE MILITARY SERVICE RECORD)

Inclusive Dates From To	Name of Employers	Address	Rank or Position Held	Reason for Leaving or Type of Discharge

	+		
PAGE 3			
List the salary of the last positi	on you held. \$		
Please check which you are int	erested in: Full Time E	mployment Pa	art Time Employment
Check type of position for whi	ch you are qualified:		
Secretary	General Ma	intenance	Bus Driver
Bookkeeper	Custodian		Mechanic
Instructional Aide	Food Service	ce	Other (list)
Nurse	Food Service	ce Supervisor	
Answer the following questio agreement section.	ns <b>ONLY</b> if applying fo	r a transportation posi	tion; otherwise, proceed to th
Have you ever driven a bus?	/es No If	so, where?	
How many years? W	nat other driving experier	ce have you had? (Give	e years of experience.)
Car	Truck	Others	
Do you have a driver's license	? Yes No	Expiration Date	<u>,                                    </u>
Driver's license number		CDL license nu	mber
Have you had any type of vehi	cle accidents in the last th	aree years? Yes 1	No

Do you use intoxicants? Yes\_\_\_\_\_ No\_\_\_\_ If yes, to what degree? Please explain.

Do you use drugs? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, to what degree? Please explain.

#### AGREEMENT

I authorize investigation of all statements contained in this application.	I understand misrepresentation or
omission of facts called for is cause of 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 have a Tuberculin test when

hired, as well as a state and federal background check. I further understand and agree that the Tuberculin test and background check will be at my expense.			
I agree to promptly notify the district of any changes of address during my employment.			
DATE	SIGNATURE		