CEDAR RIDGE SCHOOL DISTRICT
1502 NORTH HILL STREET
NEWARK, AR 72562

CLASSIFIED APPLICATION FOR EMPLOYMENT

Note: Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered. Please PRINT OR TYPE, except for signature.

Job applied for _____ Today's date _____

Name _____ Phone # _____

Address _____

Are you 18-70 years of age? _____ Social Security Number _____

Were you ever employed here? _____ If yes, when? _____

Have you ever applied for a job here? _____ If yes, when? _____

Number of days you have missed work in the past six months _____

Have you ever been convicted of any crime against a child? _____ If yes, explain_____

_____

Has a court ever denied parental, custodial or visitation rights as a result of neglect or abuse of a child? _____

If yes, explain _____

EDUCATION (Give name, address, location, highest grade completed)

High School or GED _____

College or University _____

   College Major _____ Degree _____

Advanced Degree or course work _____

Additional Educational, Vocational, Technical Training information _____

_____

HEALTH   Do you have any physical limitations which would give you problems in performing this job? _____
If yes, explain _____

_____

Would you take a physical examination, if required? _____

REFERENCES   Names, complete addresses, phone numbers of three people we may contact about you (no relatives or former employers please).

_____

_____

_____

WORK HISTORY   Please attach resume or list below all present and past employment, beginning with most recent covering all periods of time. If self-employed, supply business references. Please provide month and year.

Employer's Name, Address & Phone	From - To	Duties	Last Supervisor	Reason for leaving

(Continue on a sheet of blank paper if you don't have enough room to list your employers for the past six years.)

Are you now or do you expect to be engaged in any other business or employment? _____

If yes, explain _____

Explain any additional information relative to name change, use of assumed name, or nickname necessary to

enable us to check your work record _____

_____

NARRATIVE   Why do you want to work in our program? _____

_____

What do you feel best qualifies you for this job? _____

_____

AFFIDAVIT   I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render this application void, or if employed, would be cause for termination. I authorize individuals or institutions named above to give information regarding my employment, character and qualifications, hereby releasing them from all liability for issuing such information.

Signature _____   Date _____

Date Employed _____   Date of Separation _____