

# Classified Employee Job Application

## Sloan-Hendrix School District

Position Desired: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Street/Box Number/Apartment Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

Please enter information on how the District can contact you. Please provide information for preferred method.

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Educational Background

High School Attended \_\_\_\_\_

College(s) Attended \_\_\_\_\_

Degree or Number of Hours \_\_\_\_\_

Areas of Training Relevant to Job \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Veteran Status

1. Are you a veteran of any branch of the U. S. Armed Services including Reserve/National Guard Units? \_\_\_\_ Yes \_\_\_\_ No
2. Are you a disabled veteran of any branch of the U. S. Armed Services including Reserve/National Guard Units? \_\_\_\_ Yes \_\_\_\_ No
3. Are you the unmarried spouse of a deceased veteran? \_\_\_\_ Yes \_\_\_\_ No

**Work Experience** (Please list most recent employer first)

Dates Employed From: To:	Employer Name Address Phone Employer's E-Mail	Job Duties	Reason for Leaving

May we contact your current employer/supervisor? \_\_\_\_ Yes \_\_\_\_ No

**Additional Information**

1. Are you related to a current school board member? \_\_\_\_\_ If so, please include the relationship  
\_\_\_\_\_
2. Are you at least 18 years or older? \_\_\_\_ Yes \_\_\_\_ No (If "No," you may be required to provide authorization to work)
3. Have you worked for this District before? \_\_\_\_ Yes \_\_\_\_ No If "Yes," please provide details (Where/When/Job Title/Name under which Employed) \_\_\_\_\_  
\_\_\_\_\_
4. Are you currently employed? \_\_\_\_ If so, when will you be able to start work? \_\_\_\_\_
5. Are you a legal resident of the United States? \_\_\_\_\_
6. Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No  
If "No," please explain: \_\_\_\_\_  
\_\_\_\_\_

**References** Please Provide Three (Do not include relatives)

Name	Address & E-Mail	Phone Number(s)

## **Authorization/Affirmation**

The facts set forth in this application and any supplemental information are true and complete to the best of my knowledge. I understand that, if employed by the school board of the Sloan-Hendrix School District, falsified statements on this application shall be considered sufficient cause for immediate discharge. I hereby authorize investigation of all statements contained herein and employers listed above to give the District any and all information concerning my employment, and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the District to hire me. I understand that no representative of the District has the authority to make any assurance to the contrary.

I understand that I am required to abide by all rules and regulations of the school district. Furthermore, if hired, I agree to acquaint myself with the policies of the Sloan-Hendrix School District Board of Education and comply with these policies.

Sloan-Hendrix School District is an equal-opportunity employer. Selection is determined by the presentation of evidence of experience and training, the submission of written professional references, and personal interviews. The District is an Equal Opportunity employer and does not discriminate on the basis of race, ancestry, color, religion, sex, age, marital status, sexual orientation, medical condition, disability, veteran status, or any other basis protected by law.

It is important to note that all employees are subject to reassignment at any time according to the needs of the Sloan-Hendrix School District and Arkansas Law.

If applicant is hired, this application becomes a part of the employee file.

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Applicant's Signature

Date

This application will be valid for 30 days after the position applied for is filled.