

HAMPTON PUBLIC SCHOOLS

MEMBER NORTH CENTRAL ASSOCIATION

OF SECONDARY SCHOOLS

P. O. BOX 1176 - HAMPTON, ARK. 71744

The Hampton School District assures that no person in the United States shall, on the basis of race, color, national origin, age, sex, or handicap be excluded from employment.

CLASSIFIED EMPLOYMENT

APPLICATION

HAMPTON PUBLIC SCHOOLS
AN EQUAL OPPORTUNITY EMPLOYER

Name _____
LAST
FIRST
MIDDLE

Street Address _____ Phone _____

City _____ State _____ Zip Code _____ How Long at this Address _____

Permanent Address _____

Date of Birth _____ Social Security No. _____
MONTH
DAY
YEAR

Are you a U.S. Citizen? _____ If not, are you a legal Alien? _____

Have you ever been employed here? _____ When _____ Location or Department _____

Name relatives or friends working here _____

Referred by _____ Friend _____ Relation _____

In Case of Emergency, Notify _____ Relationship _____

Street Address _____ City _____ State _____ Phone _____

Have you ever been convicted of a crime (other than traffic violation)? Yes _____ No _____

If above answer is "YES" - Explain _____

Do you have any physical impairment that would interfere with your performance in the position for which you are applying?

Position(s) desired _____ Date available _____

LIST NAMES OF TWO REFERENCES (Not Relatives) TO WHOM WE MAY REFER

NAME	OCCUPATION	ADDRESS

EDUCATION

	NAME & LOCATION OF SCHOOL	NO OF YRS ATTENDED	DATE GRADUATED	TYPE OF CO
Elementary School				
High School				
College				DEGREE
Trade or Business				

EMPLOYMENT HISTORY
(Cover at least last five years)

NAME & ADDRESS OF EMPLOYER	DATE		POSITION	SALARY	REASON FOR LEAV
	Month	Year			
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				

MILITARY SERVICE

Branch of Service _____ Entered _____ Discharged _____

Type of Discharge _____ Rank _____

Present Membership in - National Guard _____ Reserves _____ Until _____

Explain National Guard or Reserve Commitment _____

What is Your Present Selective Service Classification? _____

Have You Ever Worked with Children? _____ If So, Where _____

Check Type of Position for Which You are Qualified

- | | | |
|--|--|---|
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Cafeteria Aide | <input type="checkbox"/> Ground Keeper |
| <input type="checkbox"/> Clerk Typist | <input type="checkbox"/> Nurse | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> File Clerk | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Auto Mechanic |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Custodian | <input type="checkbox"/> Other (List Below _____) |
| <input type="checkbox"/> Teacher Aide | <input type="checkbox"/> Cook Manager | |
| <input type="checkbox"/> Playground Aide | <input type="checkbox"/> Cafeteria Helper | |

(INDICATE BELOW YOUR OFFICE SKILLS AND CHECK MACHINES YOU CAN OPERATE EFFICIENTLY)

- | | | | |
|--|------------------------|--|------------|
| <input type="checkbox"/> Manual Typewriter | Words per minute _____ | <input type="checkbox"/> Bookkeeping Machine | Make _____ |
| <input type="checkbox"/> Electric Typewriter | Words per minute _____ | <input type="checkbox"/> Computer | Make _____ |
| <input type="checkbox"/> Shorthand | Words per minute _____ | <input type="checkbox"/> Copying Machine | Make _____ |

Answer the Following Questions Only if Applying for a Transportation Position:

Otherwise, Proceed to the Agreement Section.

Have You Ever Driven a (type of vehicle) _____

If so: Where _____

How Many Years? _____

What Other Driving Experience Have You Had? (Give years experience.)

Car _____

Truck _____

Others _____

Do You Have a Drivers License? _____ Expiration Date _____

Drivers License Number _____ Bus Driver Permit Number _____

AGREEMENT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL WITHOUT NOTICE AT ANYTIME DURING MY EMPLOYMENT.

I AGREE, IF EMPLOYED, TO FOLLOW ALL RULES AND REGULATIONS OF THE (DISTRICT, CITY, COUNTY).

I UNDERSTAND BY STATE LAW THE (BOARD OF EDUCATION) MUST/MAY REQUIRE ALL EMPLOYEES TO SUBMIT A HEALTH CERTIFICATE FROM THEIR PHYSICIAN ALONG WITH A CHEST X-RAY REPORT OR TUBERCULIN TEST YEARLY. I FURTHER UNDERSTAND AND AGREE THE PHYSICAL AND TUBERCULIN TEST WILL BE AT MY EXPENSE.

I AGREE TO PROMPTLY NOTIFY THE (DISTRICT, CITY, COUNTY) OF ANY CHANGE OF ADDRESS DURING MY EMPLOYEMENT.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

Remarks: _____

Date Employed _____ Reporting Date _____ Position _____

School or Department _____ Building Assignment _____ Salary _____ Hours _____