

HAMPTON PUBLIC SCHOOLS

Member North Central Association

Of Secondary Schools

P.O. Box 1176

Hampton, AR 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

Position Desired

**Hampton Public Schools
An Equal Opportunity Employer**

Last Name First Name Middle Name

Street Address Phone Number

City State Zip How Long at this Address

Permanent Address Date of Birth
SSN

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

Have you ever been employed here? When Location/Department

Name of 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?

Yes

No

Position Desired Date Available

List Names of Two References (Not Relatives) to Whom We May Refer

Name	Occupation	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Education

	Name and Location of School	No. of Yrs Attended	Date Graduated	Degree
Elementary School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade/Business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment History (Cover at least 5 years)

Name and Address of Employer	Date (Month, Year)	Position	Reason for Leaving
[] Supervisor []	From [] [] To [] Salary []		
[] Supervisor []	From [] [] To [] Salary []		
[] Supervisor []	From [] [] To [] Salary []		
[] Supervisor []	From [] [] To [] Salary []		
[] Supervisor []	From [] [] To [] Salary []		

Military Service

Branch of Service [] Date Entered [] Date Discharged []

Type of Discharge [] Rank []

Present Membership In: (check one) National Guard Reserves Until []

Explain National Guard or Reserve Commitment []

What is Your Present Selective Service Classification? []

Have you ever worked with children? Yes No

If So, Where? []

Check Type of Position for Which You are Qualified

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

Indicate Below Your Office Skills and Check Machines You Can Operate Efficiently

- | | | | |
|--|------------------------------------|--|---------------------------|
| <input type="checkbox"/> Manual Typewriter | Words Per Min <input type="text"/> | <input type="checkbox"/> Bookkeeping Machine | Make <input type="text"/> |
| <input type="checkbox"/> Electric Typewriter | Words Per Min <input type="text"/> | <input type="checkbox"/> Computer | Make <input type="text"/> |
| <input type="checkbox"/> Shorthand | Words Per Min <input type="text"/> | <input type="checkbox"/> Copying Machine | Make <input type="text"/> |

**Answer the Following Questions Only if Applying for a Transportation Position:
Otherwise, Proceed to the Agreement Section**

Type of Vehicle Driven

Where How Many Years?

What Other Driving Experience Have You Had? (Give Years Experience)

Car

Truck

Others

Do You Have a Driver's License? Yes No Expiration Date

Driver's 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 employment.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed By Date

Remarks

Date Employed Reporting Date Position

School/Department Building

Salary Hours