

JASPER SCHOOL DISTRICT
Application for Employment

POSITION DESIRED: _____

PERSONAL:

_____ Date _____
Last Name First Middle

_____ Home Phone _____
Street Address

_____ Business Phone _____
City, State, Zip

_____ Cell Phone _____
Email Address

EDUCATIONAL:

School	Name and Location of School	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma	Year Graduated
College						
College						
College						
High School						

Do you currently have a valid teaching certificate? Yes _____ No _____

What Sate? _____ Total years experience _____

List all areas of certification: _____

Extra Duties

Check the extra duties for which you are certified by the State of Arkansas and/or are willing to sponsor.

Coaching Sport Name(s)

Clubs/Organization

Academic Teams

CDL

Other	
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JASPER SCHOOL DISTRICT

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the school district will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the school district and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by the school district at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the administration at any time; I agree to submit to search of any school property that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the school district.
4. This completed application becomes the sole property of the school district.
5. I agree, if employed by the school district, to perform other reasonably related duties as assigned by the superintendent or my immediate supervisor as required.

I further understand that this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Date: _____ Signature: _____

EQUAL OPPORTUNITY EMPLOYER

In compliance with Title VI, Title IX, and section 504 of the Rehabilitation Act of 1973, this is to certify that Jasper School District No, 1 does not deny opportunity for employment or access to any educational program on the basis of age, race, color, national origin, sex, religion, or handicap.

References	<p>Please list three to five persons who can answer questions concerning your qualifications for the position you seek. Include superintendents, principals and other supervisors under whom you have worked. The district reserves the right to contact persons not specified by you. Submission of an application to the district constitutes your permission and consent for the district to contact any person(s) and discuss you, your qualifications and other pertinent matters.</p>			
	Name/Title	Address/City	Email	Phone