

CARLISLE SCHOOL DISTRICT

"An Equal Opportunity Employer"

Classified Personnel Application

Name _____ Date _____

Address _____ Phone _____

Date of Birth _____ Social Security # _____

Have you ever been convicted of a felony? _____ Position Desired _____

REFERENCES: List two (2) personal references;

Name	Occupation	Address

EDUCATION:

	Name of School	# of Years	Type of Course -Degree
Elementary			
High School			
College			
Trade or Business School			

EMPLOYMENT HISTORY:

(Please list the last five years)

Are you presently employed? If so, list name and address of employer in the FIRST SPACE

Name, Address & Phone # of Employer	Date- Month/Year	Position	Reason for leaving
Name Address City/Zip Phone #			
Name Address City/Zip Phone #			
Name Address City/Zip Phone #			

What days are you available to work? _____ What hours? _____,

Do you have a driver's license? _____ Bus Driver's Permit? _____ If so, give # _____

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 any time during my employment. I agree, if employed, to follow all rules and regulations of the District. I understand by state law, the Board of Education must require all employees to submit a health certificate, a chest x-ray report or tuberculin test yearly. I further understand and agree the tuberculin test will be at my expense. I agree to promptly notify the District of any change of address during my employment.

Date _____

Signature _____

WAIVER: I hereby give permission for the Carlisle School District to send questionnaires or queries concerning qualifications in regard to a position with the Carlisle School District. The information may be furnished at my expressed request and for my benefit. I do hereby release the party receiving the questionnaire or query from any and all liability for damage of whatsoever nature on account of furnishing such information. I hereby authorize said party to give full and complete information, as may be requested. I agree that the information will not be disclosed to me but will be treated as confidential by the Carlisle School District. I waive any right to see this information.

Date _____

Signature _____

In compliance with federal nondiscrimination laws, the Carlisle School District does not discriminate in employment and education practices relative to race or national origin (Title VI of the Civil Rights Act of 1964), disability (section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act), sex (Title IX of the Education Amendments of 1972), age (the Age Discrimination Act of 1975). The contact person for all of the above rights areas is the Superintendent of Schools, Carlisle School District, 520 Center Street, Carlisle, AR 72024, phone # 870-552-3931, ext. 110.

Submit application to:

Carlisle School District
Superintendent's Office
520 Center St.
Carlisle, AR 72024