

Name

Date

LAST

FIRST

MIDDLE

Position Desired

**GOSNELL SCHOOL DISTRICT NO. 6**

600 Highway 181  
Gosnell, Arkansas 72315  
(870) 532-4000

The Gosnell School District does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment of the provision of services.

**GOSNELL SCHOOL DISTRICT**  
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 \_\_\_\_\_

Names 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 felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, identify: \_\_\_\_\_

Are you currently on the child maltreatment registry? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position(s) desired \_\_\_\_\_ Date available \_\_\_\_\_

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

NAME	OCCUPATION	MAILING ADDRESS (Street, City, State, Zip)	TELEPHONE

**EDUCATION**

	NAME & LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DATE GRADUATED	TYPE OF COURSE
Elementary School				
High School				
College				DEGREE
Trade or Bus. School				

**EMPLOYMENT HISTORY**  
(Cover at least the last five years)

NAME & ADDRESS OF EMPLOYER	DATE		POSITION	REASON FOR LEAVING
	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 the Type of Position for Which You are Qualified:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Playground Aide     | <input type="checkbox"/> Cafeteria Helper   |
| <input type="checkbox"/> Clerk Typist         | <input type="checkbox"/> Cafeteria Aide      | <input type="checkbox"/> Truck Driver       |
| <input type="checkbox"/> File Clerk           | <input type="checkbox"/> Nurse               | <input type="checkbox"/> Bus Driver         |
| <input type="checkbox"/> Switchboard Operator | <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        |   |

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

- |  |                      |  |            |
|--|----------------------|--|------------|
| <input type="checkbox"/> Manual Typewriter   | Words per min. _____ | <input type="checkbox"/> Bookkeeping Machine | Make _____ |
| <input type="checkbox"/> Electric Typewriter | Words per min. _____ | <input type="checkbox"/> Computer            | Make _____ |
| <input type="checkbox"/> Shorthand           | Words per min. _____ | <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 Driver's License? \_\_\_\_\_ Expiration Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Bus Driver Permit Number \_\_\_\_\_

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**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, CITY, AND COUNTY.

I UNDERSTAND BY STATE LAW THE BOARD OF EDUCATION MUST/MAY REQUIRED 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 THAT 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 IN THE BOX BELOW**

Interviewed By _____	Date _____		
Remarks: _____			
Date Employed _____	Reporting Date _____	Position _____	
School/Department _____	Building Assignment _____	Salary _____	Hours _____

**GOSNELL SCHOOL DISTRICT**

**EQUITY FORM**

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Name	Birth date	Race	Sex
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Position Desired

This form is OPTIONAL.

This form is used for record keeping only. The form will not be used in decision making for hiring in any way.

The form will be separated from the application and kept in an Equity Folder.

It is the policy of the Gosnell School District not to discriminate on the basis of race, color, national origin, sex, or handicap/disability in its' educational programs, activities, or employment policies.

## AUTHORIZATION TO RELEASE AND DISCLOSE RECORDS

The undersigned, having made application for employment by the Gosnell School District #6, and in consideration of accepting my request for employment by Gosnell School District #6. I hereby give consent to Gosnell School District #6 in seeking and obtaining information concerning any prior criminal conviction, and I give consent to the appropriate authorities to provide information, concerning any prior criminal convictions to Gosnell School District #6.

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Signature

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Printed Full Name

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Social Security Number

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Date of Birth

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_