

MT. VERNON-ENOLA SCHOOL DISTRICT  
38 GARLAND SPRINGS ROAD  
P.O. BOX 43  
MT. VERNON, ARKANSAS 72111

PHONE: (501) 849-2220

FAX: (501) 849-3076

We do not discriminate on the basis of race, religion, national origin, color, sex, age, or handicap. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

## APPLICATION FOR EMPLOYMENT

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Note: Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered. Please print, except for the signature on the back.

Job Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 or more years of age? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Were you ever employed at Mt. Vernon – Enola School District? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever applied at Mt. Vernon – Enola School District? \_\_\_\_\_ If yes, what position? \_\_\_\_\_ When? \_\_\_\_\_

Number of days absent in the past school year? \_\_\_\_\_

If hired, can you prove eligibility for employment? \_\_\_\_\_ Are you a U S Citizen? \_\_\_\_\_

Have you ever been convicted of any crime against a child? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has any founded report of child maltreatment ever been made against you? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has a court ever denied parental, custodial or visitation rights as a result of neglect or abuse of a child? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY:**

Please attach resume' or list below present and past employment, beginning with most recent, covering all periods of time for the past six years. If self-employed, please supply business references. Please give month and year.

Employer's Name/ Address/Phone #	From/To	Duties	Last Supervisor	Reason for Leaving

(Continue on a sheet of blank paper if you don't have enough room to list all your employers for the past three years).

**REFERENCES:**

Names, complete addresses, and phone numbers of three people (no relatives or former employers) we may contact:

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Are you now or do you expect to be engaged in any other business or employment? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

If presently employed, may we contact your employer? \_\_\_\_\_

Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record:

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**HEALTH:**

Do you have any physical limitations which would give you problems in performing this job?  
If yes, explain: \_\_\_\_\_

Do you have documentation of a current TB Skin Test? \_\_\_\_\_  
Would you take a physical examination if required? \_\_\_\_\_

**EMERGENCY CONTACT:**

\_\_\_\_\_  
\_\_\_\_\_

**NARRATIVE:**

Why do you want to work in our program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel best qualifies you for this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT:**

I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render the application void, or if employed, would be cause for termination.

I AUTHORIZE THE INDIVIDUALS OR INSTITUTIONS NAMED ABOVE TO GIVE INFORMATION REGARDING MY EMPLOYMENT, CHARACTER, AND QUALIFICATION, HEREBY RELEASING THEM FROM ALL LIABILITY FOR ISSUING SUCH INFORMATION.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

\*Effective October 1, 1997, state and federal law require all employers to report each new and re-hired employee to the State Directory of New Hires (Act 1276 of the Arkansas General Assembly and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 U.S.C. 653A)

