Malvern School District

1620 South Main Street Malvern, AR 72104
Phone: 501-332-7500 Fax: 501-332-7501

Classified Position Application

"We are an equal opportunity employer."

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position applying for:	**Today's Date:**
Building/Grade	**Available for work (when)**

Name: **Phone #** **Social Security Number:**

Address: **City** **State** **Zip** **How Long?**

Email:

If veteran, give length of service **From:** **To:**

Branch of Service:

Have you ever been employed by Malvern School District **When?**

Name of Relative(s) employed by Malvern School District:

In case of emergency notify **Name** **Phone Number** **Relationship**

Are you presently employed? **Present Employer:**

REFERENCES

	Name	Address	Phone Number	Occupation
1				
2				
3				
4				
5				

Note: Office Use Only.

Board Approved	Dates	School Year	Salary	Position Assigned	Building
Hired					
Transfer					
Retired					
Resigned					

Note: The applicant should exercise the greatest care in preparing this form. Information given herein becomes a legal part of the contract in case of election. Please do not omit any item.

EDUCATION and/or TRAINING

High School (Circle highest grade completed)	**9** ◯	**10** ◯	**11** ◯	**12** ◯	**GED** ◯
Name/Location of high school			**Year Graduated**		
College (Circle number of years completed)	**1** ◯	**2** ◯	**3** ◯	**4** ◯	
Name of College			**Cumulative Hours Earned**		
Degree(s)					
Paraprofessional Assessment:		**Date Passed**		**Score**	
PRAXIS		**Date Passed**		**Provide Copy**	
License(s) or certificate(s) held					
Special skills or abilities that prepare you for this work.					

Work experience (job title, responsibilities, duties, etc….)

Begin with current position or with last one held, then next to last, etc…

Position/Duties	Name of Employer	Phone Number	From	To

IF APPLYING FOR BUS DRIVER - Driver's License Number			**Expiration Date**
Do you have a CDL with PS endorsement?		**Number**	**Expiration Date**
Have you ever driven a school bus?	**If so, for whom?**		
How many years?	**List other driver experiences**		
Have you ever had to pay a fine for a traffic violation?	**If the answer is yes, please explain what the violation(s) was, when and where it occurred:**		

By my signature I hereby give the school administration approval to obtain a moving vehicle report on my driving record. Also, I hold free from liability the school district, its employees, or anyone giving information as to my reputation, employment, or health history.

_____

Signature Date

Note: To sign digitally, use the "Fill & Sign" feature, then place signature on Signature Line above.

Have you ever been convicted of a felony, or are you now under indictment or information for a criminal offence?					
	YES ☐			No ☐	
If yes, give details:					

Have you ever been discharged or asked to resign from any position(s)? (List each and every employer.)					
	YES ☐			No ☐	
If yes, give details:					

Have you ever contracted with a school district but had your employment terminated?					
	YES ☐			No ☐	
If yes, give details:					

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 policies of the Malvern School District.

I agree to promptly notify the Malvern School District of any changes including address or phone number(s) during my employment.

I certify that the information I have provided to the foregoing questions is true and correct and that no attempt has been made to conceal pertinent information. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

I authorize my former employers and personal references to provide any information that they may have regarding me, whether or not it is in my personnel file. I hereby release them and their company or school district or its employees or anyone from all liability for divulging same.

_____

Signature Date

Note: To sign digitally, use the "Fill & Sign" feature, then place signature on Signature Line above

Upon employment we will need a copy of your driver's license and social security card. We can make copies of these documents for you in our office.

Arkansas Act 1314 of 1997 requires criminal background checks as a condition of initial employment for local school districts.

Instructions and forms necessary for the background check are available at the Superintendent's office.