

**SALEM PUBLIC SCHOOL DISTRICT**

313 Hwy 62 E. – Suite 1

Salem, AR 72576

Office: 870-895-2516 – Fax: 870-895-4062

**EMPLOYMENT APPLICATION  
(Classified Personnel Only)**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Please check position desired:

Secretary  
Bookkeeper/Treasure  
Grounds/Custodial

Student Aide  
Food Service  
Bus Mechanic

Bus Transportation  
Technology Coordinator  
Classroom Substitute

Nurse  
Custodial  
\_\_\_\_\_

**Your application will be kept on file for two years.** A letter of renewal is required by the two-year anniversary date of your application if you wish for your application to remain in the active file.

**AN EQUAL OPPORTUNITY EMPLOYER**

The Salem Public School District is an equal opportunity educational and employment institution. The law protects the right of an equal employment opportunity regardless of race, religious creed, ancestry, national origin, physical handicap, sex or age.

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**PERSONAL DATA**  
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Legal Name (As it appears on Social Security Records)

\_\_\_\_\_  
(Last) (First) (Middle) Social Security Number

Present Address \_\_\_\_\_  
(No. and Street) (City) (State) (Zip)

Res. Phone: \_\_\_\_\_ Additional Phone Numbers: \_\_\_\_\_

Where you previously employed by Salem School District? Yes No If "Yes", when: \_\_\_\_\_

Are you a citizen of the United States? Yes No Have you ever been convicted of a felony? Yes No

Are you employed at present? Yes No If "Yes," in what capacity? \_\_\_\_\_

\_\_\_\_\_ By whom? \_\_\_\_\_

Why do you wish to leave your present position? \_\_\_\_\_

Give date you expect to be available for employment: \_\_\_\_\_

Have you been released or requested to resign, from a place of employment? Yes No If "Yes," please explain\_\_\_\_

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

Veteran Status (Mark all that apply):

Not Applicable      Veteran      Disabled Veteran      Surviving Spouse of Veteran who is Unmarried

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**EDUCATION**  
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	Institutions Attended	Dates From / To	Major Subjects	Minor Subjects	Date of Graduation	Degree
Elementary School			XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX		XXXXXXXXXX XXXXXXXXXX
			XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX		XXXXXXXXXX XXXXXXXXXX
High School			XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX		XXXXXXXXXX XXXXXXXXXX
			XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX		XXXXXXXXXX XXXXXXXXXX
College Or University						

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**WORK EXPERIENCE**  
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(List below all present and past employment, beginning with your most recent.)

Firm or Agency Name & Address	Dates From / To	Describe in detail the work you did.	Monthly Salary	Reason for Leaving	Supervisor

Firm or Agency Name & Address	Dates From / To	Describe in detail the work you did.	Monthly Salary	Reason for Leaving	Supervisor

List any other qualifications, skills, or training which would be beneficial: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

.....  
**REFERENCES**  
 .....

Give at least three references.

Name	Address	Phone	Official Position

**\*\*\*\*\*READ CAREFULLY BEFORE SIGNING\*\*\*\*\***

Employment Application should be submitted to: Superintendent's Office, 313 Hwy 62 E. Suite 1, Salem, AR 72576

Application forms are sent to all who request them regardless of existing vacancies. The issuance of such forms does not signify that the applicant is under consideration for appointment.

An application remains active for a period of two years and must be renewed following this period.

The facts set forth in my application for employment shall be considered true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant