

Mayflower School District

PO Box 127, 15 Old Sandy Rd
Mayflower, AR 72106
(501) 470-0506

DATE RECEIVED BY MSD ____/____/____
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Classified Employment Application

Do not omit any applicable item. Failure to complete the entire application may result in the rejection of your candidacy.

_____, _____, _____
Last Name First Name Middle Name

_____, _____, _____, _____
Present Address City State Zip

_____, _____, _____, _____
Permanent Address City State Zip

(____) _____
Phone number

(____) _____
Additional Phone number where you may be reached

Position Desired

Check all areas for which you wish to be considered

- Custodian Maintenance Food Service Secretary
 Teacher's Aide Special Ed Aide Office Aide School Nurse
 Transportation Other: specify _____

Skills

List skills that you have that support the position(s) you desire, include training, licenses, or certifications.

Education

Complete all that is applicable

High School	Graduated? Yes/No	Date of Graduation
Vocational School	Degree Awarded	Date of Graduation
College	Degree Awarded	Date of Graduation

General Information

Have you ever been convicted of a felony? No Yes

If yes, specify: _____

Are you a U. S. Citizen? No Yes

If no, are you a legal alien? No Yes

Are you currently employed? No Yes

Why do you wish to leave your present position? _____

On what date would you be available for work? _____

Have Mayflower Schools prior to this application ever employed you? No Yes

If yes, give the location/department and supervisor's name.

_____/_____
 Location Supervisor name

References

Please list at least three people who are knowledgeable about your work. (not relatives) To whom we may refer:

(1) Name & Position Title	Address	Phone number
_____	_____	_____
(2) Name & Position Title	Address	Phone number
_____	_____	_____
(3) Name & Position Title	Address	Phone number
_____	_____	_____

Employment History

From Month/Year	To Month/Year	Name & Address of Employer	Phone Number	Position Held

