

CORNING SCHOOL DISTRICT NO. 8
Corning, Arkansas 72422
(Please Print Clearly)

Date _____

Name _____ Social Security No. _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (Cell #)

How long have you lived at the above address? _____

Previous Address _____
(Street) (City) (State)

How long did you live there? _____

Position(s) applied for: _____

Would you work full-time? _____ part time? _____ Specify days and hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____

List any friends or relatives working for us: _____
(Name) (Relationship)

(Name) (Relationship)

If your application is considered favorable, on what date will you be available for work? _____

Person to be notified in case of accident or emergency: _____

(Name) (Address) (Cell #)

Are there any other experiences, skills, or qualifications which you feel would especially fit for work with the school: _____

The Corning School District does not discriminate on the basis of race, color, national origin, sex, age, or handicap.

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS	LAST YEAR ATTENDED	DEGREE EARNED
HIGH SCHOOL			
COLLEGE			
OTHER: SPECIFY			

PERSONAL REFERENCES

NAME	ADDRESS	PHONE NUMBER
1		
2		
3		
4		

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

NAME OF BUSINESS	DATES OF EMPLOYMENT	NAME OF SUPERVISOR

The information provided above is true and complete. I understand if employed, false statements on this application will be sufficient cause for dismissal.

Signature of Applicant