

**VAN BUREN SCHOOL DISTRICT APPLICATION FOR EMPLOYMENT— CLASSIFIED STAFF**



- Please answer **all** questions which apply to you. If they do not apply, mark them N/A. Print, type, or write legibly.
- Incomplete applications **WILL NOT** be considered.
- Misleading or incomplete statement could lead to your rejection as an applicant or your subsequent dismissal as an employee.

<b>DATE RECEIVED IN PERSONNEL OFFICE</b>	
_____	
<b>Subsequent Renewal/Activity Dates:</b>	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

NAME: Last	First	Middle Initial	Preferred First Name
Social Security Number		Permanent Mailing Address	
City	State	ZIP Code	E-Mail Address
Home Phone Number ( )	Work Phone Number ( )	Message or Other Phone Number	

**POSITION DESIRED**

Check appropriate:

- |                                    |  |   |   |   |
|------------------------------------|--|---|---|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Clerical — School –year | <input type="checkbox"/> Instructional Aide | <input type="checkbox"/> Maintenance    | <input type="checkbox"/> Substitute Teacher |
| <input type="checkbox"/> Part-time | (less than 12 month)                             | <input type="checkbox"/> Food Service       | <input type="checkbox"/> Custodian      | <input type="checkbox"/> Substitute Clerk   |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Clerical — Year-round   | <input type="checkbox"/> Nurse              | <input type="checkbox"/> Transportation | <input type="checkbox"/> Substitute Aide    |
| (12-month)                         |  |   |   |   |
- Applying for specific position of: \_\_\_\_\_

Date available for employment: \_\_\_\_\_

Have you filed an application with Van Buren School District within the last year?  No  Yes If Yes, position applied for: \_\_\_\_\_

**Education and Training**

*Include a photocopy of your transcript(s) of any college or university credit with your application.*

Name and Address of School	City, State & Zip	Graduated? (Yes/No)	No. of Years	No. of Credit Hours
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Vocational School:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

1. **Do you hold a current or expired teaching license?**  No  Yes If Yes:  
 Teaching licensure area(s) \_\_\_\_\_  
 State issuing license \_\_\_\_\_ Expiration date: \_\_\_\_\_

2. **Do you hold a current or expired trade license or permit?**  No  Yes If Yes:  
 Area(s) \_\_\_\_\_  
 State(s) issuing license or permit: \_\_\_\_\_ Expiration date: \_\_\_\_\_

3. Special training, workshops, seminars, etc:

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

4. List maintenance, construction, or food service equipment you can operate with an average or above-average degree of skill:

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

5. Indicate computer proficiency:

Personal Computer     Microsoft Word     WordPerfect     Excel     Database programming     Other:

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

6. List the office machines you can operate with an average or above-average degree of skill:

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

7. List Clerical skills: Typing speed: \_\_\_\_\_ wpm (approximate) Shorthand speed: \_\_\_\_\_ wpm (approximate)

**Employment History**

*Beginning with your most recent experience account for your work history for the past five (5) employers.  
 Give reason for any laps of time between jobs.*

<b>1) Inclusive dates of service:</b> _____ — _____ <small style="margin-left: 100px;">Month &amp; Year</small> <small style="margin-left: 100px;">Month &amp; Year</small>	<b>Position:</b> _____ Position was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____
<b>List reason for any lapse of time:</b> _____	
<b>2) Inclusive dates of service:</b> _____ — _____ <small style="margin-left: 100px;">Month &amp; Year</small> <small style="margin-left: 100px;">Month &amp; Year</small>	<b>Position:</b> _____ Position was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____
<b>List reason for any lapse of time:</b> _____	
<b>3) Inclusive dates of service:</b> _____ — _____ <small style="margin-left: 100px;">Month &amp; Year</small> <small style="margin-left: 100px;">Month &amp; Year</small>	<b>Position:</b> _____ Position was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____
<b>List reason for any lapse of time:</b> _____	
<b>4) Inclusive dates of service:</b> _____ — _____ <small style="margin-left: 100px;">Month &amp; Year</small> <small style="margin-left: 100px;">Month &amp; Year</small>	<b>Position:</b> _____ Position was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____
<b>List reason for any lapse of time:</b> _____	
<b>5) Inclusive dates of service:</b> _____ — _____ <small style="margin-left: 100px;">Month &amp; Year</small> <small style="margin-left: 100px;">Month &amp; Year</small>	<b>Position:</b> _____ Position was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (____ hours/day: ____ days/week) Street Address _____ City _____ State _____ Zip _____ Title: _____ Phone (____) _____



**ORIGINAL STATEMENT**

*Please respond in your own handwriting.*

**Explain why you wish to work for the Van Buren School District.**

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**APPLICANT'S ACKNOWLEDGMENT, AUTHORIZATION, AND RELEASE**

*Read carefully before signing.*

**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 employment. An application remains active for a period of one year and must be renewed following this period. If recommended for employment, a criminal background check and physical entrance examination may be required to be satisfactorily completed before an applicant will be employed.

**I certify that the information given by me in this application is true and correct without omissions of any kind.** I agree that the Van Buren School District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the Van Buren School District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the Van Buren School District any information they may have regarding me. In consideration of the Van Buren School District's review of this application, I hereby release the District as well as other providers of information from any liability and for any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

**Signed:** \_\_\_\_\_  
Applicant

**Date:** \_\_\_\_\_

In compliance with federal nondiscrimination laws, the Van Buren School District does not discriminate in employment and education practices relative to race or national origin (Title VI of the Civil Rights Act of 1964 disability (section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act), gender (Title IX of the Education Amendments of 1972), or age (The Age Discrimination Act of 1975). The contact person for all the above civil rights areas is the Deputy Superintendent, Van Buren School District, 2221 Pointer Trail East, Van Buren, Arkansas 72956, phone (479) 474-7942, fax (479) 471-3146.

**Send application and any applicable materials (resume, references, and photocopy of: trade license, teaching license and/or transcripts) to:**

**Personnel Office  
Van Buren School District  
2221 Pointer Trail East  
Van Buren, Arkansas 72956**

## CONSENT FORM

**To the Applicant:**

Please complete the Consent Form below and submit it with all pages of your Application for Employment. A SIGNED AND DATED CONSENT FORM IS A REQUIRED APPLICATION DOCUMENT.

### CONSENT FORM

I, \_\_\_\_\_, \_\_\_\_\_  
 Applicant (PLEASE PRINT FULL NAME) Social Security Number

**hereby give consent to any and all previous employers of mine to provide information regarding my employment with previous employers to the Van Buren School District.**

**This consent is given in accordance with Act 1474 of the 1999 General Assembly of the State of Arkansas.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Applicant

#### ACT 1474

**“AN ACT TO PROVIDE CURRENT AND FORMER BUSINESS EMPLOYERS WITH PROTECTION FOR PROVIDING JOB INFORMATION ABOUT CURRENT OR FORMER EMPLOYEES TO PROSPECTIVE EMPLOYERS.”**

**Be It Enacted By The General Assembly Of The State Of Arkansas:**

**SECTION 1.** (a) A current or former employer may disclose the following information about a current or former employee's employment history to a prospective employer of the current or former employee upon receipt of written consent from the current or former employee:

- (1) Date and duration of employment;
- (2) Current pay rate and wage history;
- (3) Job description and duties;
- (4) The last written performance evaluation prepared prior to the date of the request;
- (5) Attendance information;
- (6) Results of drug or alcohol tests administered within one (1) year prior to the request;
- (7) Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- (8) Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- (9) Whether the employee is eligible for rehire.

(b) The current or former employer disclosing such information shall be presumed to be acting in good faith and shall be immune from civil liability for the disclosure or any consequences of such disclosure unless the presumption of good faith is rebutted upon a showing, by a preponderance of the evidence, that the information disclosed by the current or former employer was false and the current or former employer had knowledge of its falsity or acted with malice or reckless disregard for the truth.

**SECTION 2.** The consent required in Section 1 must be on a separate form from the application form, or, if included in the application form, must be in bold letters and in larger typeface than the largest typeface in the text of the application form. The consent form must state, at a minimum, language similar to the following:

“I, (applicant), here by give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to (prospective employer).”

The consent must be signed and dated by the applicant. The consent will be valid only for the length of time that the application is considered active by the prospective employer, but in no event longer than six (6) months.

**SECTION 3.** The provisions of this act shall also apply to any current or former employee, agent, or other representative of the current or former employer who is authorized to provide and who provides information in accordance with the provisions of this act.

**SECTION 4.** (a) This act does not require any prospective employer to request employment history on a prospective employee and does not require any current or former employer to disclose employment history to any prospective employer.

(b) Except as specifically amended herein, the common law of this state remains unchanged as it relates to providing employment information on present and former employees.

(c) This act shall only apply to causes of action accruing on and after the effective date of this act.

**SECTION 5.** The immunity conferred by this act shall not apply when an employer or prospective employer discriminates or retaliates against an employee because the employee or the prospective employee has exercised, or is believed to have exercised, any federal or state statutory right or undertaken any action encouraged by the public policy of this state.

**SECTION 6.** Codification Clause.

**SECTION 7.** Severability Clause.

**SECTION 8.** Repealing Clause.

**EQUAL EMPLOYMENT DATA**

This section is designed to collect information which will be used in the completion of various state and federal reports and will not be used in the processing of, or remain part of, your application.

**The completion of this section is voluntary. The form must be returned, even if left blank.**

Applicant's name: \_\_\_\_\_  
 Social Security number: \_\_\_\_\_  
 Date of birth \_\_\_\_\_  Male  Female

- **Check one of the six (6) races listed which you consider yourself to be.**
  - Asian or Pacific Islander
  - Black (non-Hispanic)
  - Hispanic
  - American Indian or Alaskan Native
  - White (non-Hispanic)
  - Nonresident Alien

- **Military History**  
 If you believe you may be eligible for veterans' preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans' preference. Under certain conditions the spouses, widows, or widowers of qualified veterans may also be eligible for veterans' preference. For consideration of veterans' preference, proof such as a DD-214, current letter from the Veterans Administration or other official documentation may be required.  
  
 Have you served on active duty in the United States military, excluding Active Duty for Training (AcDuTra) and Reserve Military Annual Training (AT)?  Yes  No  
  
 Branch of service: \_\_\_\_\_  
 Date of entry: \_\_\_\_\_  
 Date of discharge: \_\_\_\_\_  
 Type of discharge: \_\_\_\_\_

- **How did you learn of this job opening?**
  - Newspaper Please specify: \_\_\_\_\_
  - Employment Security Department
  - Van Buren School District Vacancy announcement
  - Internet Please specify: \_\_\_\_\_
  - Educational institution Name of institution: \_\_\_\_\_
  - Other Explain: \_\_\_\_\_