**Southwest Arkansas**

**Education Cooperative**

1. **South Main Street**

**Hope, Arkansas 71801**

**Phone (870) 777 3076**

**Fax (870) 777 5793**

**EMPLOYMENT**

**APPLICATION**

In keeping with the guidelines of Title VI, Section 601, Civil Rights Act of 1964, Title IX, Section 901, Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, Southwest Arkansas Education Cooperative assures that no person shall on the basis of race, color, national origin, sex or handicap be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program in the Southwest Arkansas Education Cooperative.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Position Desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOUTHWEST ARKANSAS EDUCATION COOPERATIVE**

AN EQUAL OPPORTUNITY EMPLOYER

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

How long at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? Yes No

Have you ever been released or requested to resign from a place of employment? Yes No

Indicate if you are any of the following: a veteran disabled veteran   
 unmarried widow of a veteran

IF you checked any of these boxes, are you a citizen and resident of AR? Yes No

Do you have any physical condition that might limit your ability to perform the job applied for?

Yes No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**LIST NAMES OF THREE REFERENCES TO WHOM WE MAY REFER**

**(not relatives)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Occupation | Phone Number | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name and Location of School | No. of Years Attended | Date Graduated | Type of Course or Degree |
| High  School |  |  |  |  |
|  |  |  |  |
| Vo-Tech or Business School |  |  |  |  |
|  |  |  |  |
| College or University |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CERTIFICATIONS / ENDORSEMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Attained | Certifying Organization | Certification | Level |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMPLOYMENT HISTORY**

**(Begin with most recent)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and Address of Employer | | Date  Month Year | Position | Salary | Reason for Leaving |
| Name |  | From: |  |  |  |
| Address |  |
| City |  | To: |
| Supervisor |  |
| Name |  | From: |  |  |  |
| Address |  |
| City |  | To: |
| Supervisor |  |
| Name |  | From: |  |  |  |
| Address |  |
| City |  | To: |
| Supervisor |  |
| Name |  | From: |  |  |  |
| Address |  |
| City |  | To: |
| Supervisor |  |
| Name |  | From: |  |  |  |
| Address |  |
| City |  | To: |
| Supervisor |  |
| Name |  | From: |  |  |  |
| Address |  |
| City |  | To: |
| Supervisor |  |

**COMPUTER APPLICATIONS**

Check Software Experience

Word, Powerpoint, Excel Zoom, Hangouts, Skype, etc Windows (7, 8, 10)

Google Docs, Sheets, Slides Apple iOS (iPhone, iPad) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

eSchool/eFinance Mac OS (Macbook, iMac) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

escWorks/Shoebox

**AGREEMENT**

In exchange for my consideration as a potential employee I authorize a complete background investigation, including but not limited to employers and law enforcement agencies. 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 anytime during my employment.

I agree, if employed, to follow all rules and regulations of Southwest Arkansas Education Cooperative, State of Arkansas, and United States of America.

I agree to promptly notify the co-op. of any change of address during my employment.

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_