Southwest Arkansas Education Cooperative

2502 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.

| Position Desired | NameLast |
|------------------|-------------|
| | First |
| Phone Number | Middle Date |

SOUTHWEST ARKANSAS EDUCATION COOPERATIVE

AN EQUAL OPPORTUNITY EMPLOYER

| Name | | | |
|------------------------|-------------------------|--|--------------------------|
| Last | | First | Middle |
| Street Address | | | |
| City | | State | Zip Code |
| How long at this addre | ss? | | |
| Permanent Address | | | |
| Have you ever been co | nvicted of a felony? | ☐ Yes ☐ No | |
| Have you ever been rel | eased or requested to r | resign from a place of empl | oyment? Yes No |
| | unm | teran disabled veteran arried widow of a veteran are a citizen and resident of | |
| Do you have any physi | cal condition that migh | nt limit your ability to perfo | orm the job applied for? |
| ☐ Yes ☐ No | If yes, please explai | n: | |
| | | | |
| LIST NAMES | OF THREE REFI | ERENCES TO WHO! | M WE MAY REFER |
| 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 | - | | | |
| Address | From: | | | |
| City | | | | |
| Supervisor | To: | | | |
| Name | T. | | | |
| Address | From: | | | |
| City | | | | |
| Supervisor | To: | | | |
| Name | | | | |
| Address | From: | | | |
| City | То: | | | |
| Supervisor | | | | |
| Name | F. | | | |
| Address | From: | | | |
| City | T | | | |
| Supervisor | То: | | | |
| Name | T. | | | |
| Address | From: | | | |
| City | | | | |
| Supervisor | To: | | | |

COMPUTER APPLICATIONS

Check Software Experience

| □ Word, Powerpoint, Excel □ Google Docs, Sheets, Slides □ eSchool/eFinance □ escWorks/Shoebox | ☐ Zoom, Hangouts, Skype, et ☐ Apple iOS (iPhone, iPad) ☐ Mac OS (Macbook, iMac) | |
|--|---|---|
| | AGREEMENT | |
| investigation, including but not li- investigation of all statements con | a as a potential employee I authorize a committed to employers and law enforcementained in this application. I understandissal without notice at anytime during | ent agencies. I authorize d misrepresentation or omission |
| I agree, if employed, to follow all State of Arkansas, and United Sta | rules and regulations of Southwest Arates of America. | kansas Education Cooperative, |
| I agree to promptly notify the co- | op. of any change of address during m | y employment. |
| | | |
| DATE | SIGNATURE | |