

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.

Name _____

Last

First

Middle

Date _____

Position Desired _____

Phone Number _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Word, Powerpoint, Excel | <input type="checkbox"/> Zoom, Hangouts, Skype, etc | <input type="checkbox"/> Windows (7, 8, 10) |
| <input type="checkbox"/> Google Docs, Sheets, Slides | <input type="checkbox"/> Apple iOS (iPhone, iPad) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> eSchool/eFinance | <input type="checkbox"/> Mac OS (Macbook, iMac) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 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 _____