



Pocola Public Schools

Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

(PLEASE TYPE OR PRINT PLAINLY)

PERSONAL INFORMATION:

SOCIAL SECURITY # _____

NAME _____ DATE _____
LAST FIRST MIDDLE

CURRENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

CURRENT PHONE _____
AREA CODE NUMBER

ARE YOU 18 YEARS OLD OR OLDER? _____

HAVE YOU BEEN DISHONORABLY DISCHARGED FROM MILITARY SERVICE? _____ IF YES, EXPLAIN _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

PHONE _____ RELATIONSHIP _____
AREA CODE NUMBER

EMPLOYMENT DATA: POSITION(S) APPLIED FOR _____

DATE YOU CAN START _____ HOURS AVAILABLE _____

ARE YOU EMPLOYED NOW? _____ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

REFERRED TO US BY _____ DO YOU HAVE DEPENDABLE TRANSPORTATION? _____

HAVE YOU APPLIED TO THIS COMPANY BEFORE? _____ IF YES, WHEN _____ WHERE _____

BRIEFLY DESCRIBE YOUR CAREER OBJECTIVES _____

EDUCATION:

NAME AND LOCATION OF SCHOOL	CIRCLE YEAR COMPLETED	MAJOR COURSES STUDIED
ELEMENTARY SCHOOL	1 2 3 4 5 6 7 8	
HIGH SCHOOL	9 10 11 12	
COLLEGE	1 2 3 4	

SPECIFY OTHER SKILLS AND ABILITIES: _____

EMPLOYMENT RECORD:

Beginning with the most recent, list all present and past employment. Include periods of unemployment.

COMPANY NAME	DATES OF EMPLOYMENT				BEGINNING SALARY	ENDING SALARY
COMPANY ADDRESS	FROM		TO		SUPERVISOR'S NAME AND PHONE NO.	
CITY	STATE	ZIP	MO.	YR.	MO.	YR.
REASON(S) FOR LEAVING						
YOUR POSITION AND SPECIFIC DUTIES						

COMPANY NAME	DATES OF EMPLOYMENT				BEGINNING SALARY	ENDING SALARY
COMPANY ADDRESS	FROM		TO		SUPERVISOR'S NAME AND PHONE NO.	
CITY	STATE	ZIP	MO.	YR.	MO.	YR.
REASON(S) FOR LEAVING						
YOUR POSITION AND SPECIFIC DUTIES						

COMPANY NAME	DATES OF EMPLOYMENT				BEGINNING SALARY	ENDING SALARY
COMPANY ADDRESS	FROM		TO		SUPERVISOR'S NAME AND PHONE NO.	
CITY	STATE	ZIP	MO.	YR.	MO.	YR.
REASON(S) FOR LEAVING						
YOUR POSITION AND SPECIFIC DUTIES						

REFERENCES:

List Below Persons, not related to you, whom you have known for at least one year and who would be knowledgeable of your abilities.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

PLEASE READ:

I affirm that the information provided by me on this application is true and complete. I understand and agree that the provision of false information or the omission of significant information is sufficient reason for the rejection of my application or termination of my employment, should I be hired.

I further understand and agree that Pocola Schools may verify the information that I have given by contacting any of the references I have provided. I hereby agree to hold Pocola Schools harmless for any action it may take with respect to this application based upon the information provided to it by these references.

If employed, in consideration of said employment, I agree to conform to the rules and regulations of Pocola Schools.

SIGN HERE:

DATE

SIGNATURE

INTERVIEWD BY _____ DATE _____

COMMENTS _____

REFERECS CHECKED BY _____ DATE _____

FINAL POSITION _____