

Employment Application



Horatio School District
 P O Box 435
 Horatio, Arkansas
 71842

Phone: 870-832-1940
 Fax: 870-832-4465
www.horatioschools.org

Date:

Name:

Address:

City/State:

Zip Code:

Home Phone:

Cell Phone:

Email:

Positions Applied for:

Salary Desired:

Hours Available to Work:

Full Time Part Time Full or part time

When available to begin work?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus or Trade School			
Professional School			
Other			

Do you have a driver's license? yes no

State of issue:

Do you have a valid/current Arkansas Teacher License? yes no

Please list all areas of teaching endorsements that you hold:

Continue on the next page

Previous Employment (list up to 3)

1. Name of Employer:

Name of last supervisor:

Date of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last Job Title:

Reason for leaving (be specific):

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List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

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May we contact your employer: yes no

2. Name of Employer:

Name of last supervisor:

Date of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last Job Title:

Reason for leaving (be specific):

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List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

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May we contact your employer: yes no

Continue on the next page

3. Name of Employer:

Name of last supervisor:

Date of employment:

From:

Salary:

From:

Complete Address:

Phone #:

Last Job Title:

To:	
To:	

Reason for leaving (be specific):

--

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

--

May we contact your employer: yes no

Skills:

Typing:

Computer: PC Mac Both

Applications: (list all that apply):

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Other Skills:

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Please list 2 references other than relatives and previous employers

Name		
Positions		
Company		
Telephone		

Continue on the next page

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

CERTIFICATION OF APPLICANT
I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS
APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Authorization to verify information

SIGNED

DATE

Applications will be kept on file for one school year.

Equal Employment Opportunity