

**LAMAR SCHOOL DISTRICT**  
**Application for Classified Employment**

The Lamar School District does not discriminate on the basis of race, color, national origin, sex, age, qualified handicap or veteran status.

The Lamar School District is a tobacco free workplace and learning environment. Smoking and the use of tobacco products is prohibited in all school facilities.

Prior to working in the Lamar School District, an individual is responsible for being tested for tuberculosis, filing the results of that test in the central office, filing to become a member of the Arkansas Teacher Retirement System, completing federal and state tax withholding information, filling out an I-9 form, completing a criminal background check at the employee's expense, and completing the district's drug free workplace statement. The forms mentioned in this paragraph should be completed prior to or on the first day worked. Checks cannot be issued until these forms are completed.

\*\*\*\*\*

**Please print:** Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Social Security # \_\_\_\_\_ (Please attach a photocopy of card.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please indicate highest level of education:**

\_\_\_\_\_ College    \_\_\_\_\_ High School Diploma    \_\_\_\_\_ GED    \_\_\_\_\_ Other \_\_\_\_\_

Position(s) applying for \_\_\_\_\_

Were you previously employed by Lamar Schools? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

Have you ever been convicted of a felony? \_\_\_\_\_

List below present and past employment, beginning with your most recent job with a brief description of the work you did.

Name and Address of Company and Type of Business	From Mo / Yr	To Mo / Yr	Weekly Start Salary	Weekly End Salary	Reason for Leaving	Name of Supervisor
Telephone #						

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Name and Address of Company and Type of Business	From Mo / Yr	To Mo / Yr	Weekly Start Salary	Weekly End Salary	Reason for Leaving	Name of Supervisor
Telephone #						

I hereby give permission to contact the employers listed above concerning my prior work experience.

\_\_\_\_\_  
signature

**PERSONAL REFERENCES (Not former employers or relatives)**

Name and Occupation	Address	Phone Number

\*\*\*Secretarial and paraprofessional applicants should attach a letter of application, resume, transcripts, and a handwritten description of why they want to work at school and explanation of past experience that will help with their employment.

**AGREEMENT**

I AUTHORIZE INVESTIGATION OF ALL CONTAINED IN THIS APPLICATION. I UNDERSTAND MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL WITHOUT NOTICE AT ANY TIME DURING MY EMPLOYMENT.

IF EMPLOYED, I AGREE TO FOLLOW ALL POLICIES AND REGULATION OF THE DISTRICT. I AGREE TO PROMPTLY NOTIFY THE DISTRICT OF ANY CHANGE OF ADDRESS DURING MY EMPLOYMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date