FRANCIS A. ALLEN SCHOOL FOR EXCEPTIONAL CHILDREN

824 NORTH TYLER STREET

LITTLE ROCK, AR 72205

(501) 664-2961

**APPLICATION FOR EMPLOYMENT**

POSITION DESIRED: DATE:

SALARY RANGE: DATE YOU CAN START:

**PERSONAL INFORMATION:**

NAME (Last/First/Middle):

ADDRESS (Street/City/State/Zip):

TELEPHONE NUMBER(S):

SOCIAL SECURITY NUMBER:

IN CASE OF EMERGENCY, NOTIFY:

Name: Phone Number:

Address:

**EDUCATION:**

Did you complete high school? If so, where?

COLLEGE, TRADE OR BUSINESS SCHOOL:

|  |  |  |
| --- | --- | --- |
| NAME & LOCATION OF SCHOOL | NUMBER OF HOURS COMPLETED | DEGREE EARNED/SUBJECTS |
|  |  |  |
|  |  |  |
|  |  |  |

**EMPLOYMENT HISTORY:**

PLEASE PROVIDE DOCUMENTATION TO INCLUDE EVERY YEAR FOR THE LAST 6 YEARS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE  Month & year | Name, Address, and Phone Numbers of Previous Employers | Position | Salary | Reason for Leaving |
| From: \_\_\_\_\_\_\_\_\_  To: \_\_\_\_\_\_\_\_\_\_\_ | Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor: |  |  |  |
| From: \_\_\_\_\_\_\_\_\_  To: \_\_\_\_\_\_\_\_\_\_\_ | Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor: |  |  |  |
| From: \_\_\_\_\_\_\_\_\_  To: \_\_\_\_\_\_\_\_\_\_\_ | Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor: |  |  |  |

Francis A. Allen School for Exceptional Children is in compliance with Title VI of the Civil Rights Act and is operated, managed and delivers services without regard to sex, race, color, age, disability, marital status or national origin.

FRANCIS ALLEN SCHOOL APPLICATION FOR EMPLOYMENT

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**REFERENCES:**

Give names of three (3) persons, not related to you, whom you have known for at least one year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Address | Phone | Business Phone | Years Known |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PHYSICAL RECORD**:

Do you have any physical conditions which may limit your ability to perform the job applied for?

**CONVICTIONS:**

Convictions of crime (other than minor traffic violations) may disqualify you from employment with Francis Allen School. Disqualification depends upon the relationship of the crime to the position for which you are applying. Please indicate below whether or not you have been convicted of a crime. Also indicate below whether a court has denied parental, custodial or visitation rights to the applicant as a result of neglect or abuse of a child.

Yes No If yes, explain:

# Before you sign this application check over your answers to make sure that all the questions have been completed properly. If the job you are applying for requires a college degree, high school diploma, GED or certification, a copy of your transcript, diploma, certificate, or license will be required as a condition of employment.

I, the below signed individual, hereby do declare that, to the best of my knowledge and my ability, the information on this application is true and factual. I understand that intentionally false statements could lead to my dismissal as an employee or rejection as an applicant. I also understand that some jobs require special background checks and security clearance prior to my employment, and that failure to meet these requirements may lead to my rejection as an applicant for that job. I give permission for Francis Allen School to check or verify all past employment and references.

Signature of Applicant Date of Signature