APPLICATION FOR EMPLOYMENT POYEN SCHOOL DISTRICT PO BOX 209

POYEN, AR 72128

PHONE (501) 332-8884 FAX (501) 332-8886

Full Name	Date
First, Middle, Last	
Address	
	Cell phone ()
Position for which you are appl	lying (list order of preference subject/grade level)
If applicable, do you hold a val	id Arkansas Teaching License?
When could you begin work? _	
Are you a citizen of the United	States?
	of a felony or misdemeanor including pleading nolo ny investigation pertaining to offenses other than minor
Are you willing to submit to a comployment by Poyen Schools	criminal background check as part of consideration for ?
Current Employment	
	Phone
Address	Supervisor
Job Title	Responsibilities
Education	
	City, State
Did you graduate?	
College	City, State
Did you graduate?	Degree or hours completed
Other College	City, State
Did von graduate?	• •

Give at least 5	references	including	superintendents,	principals,	and te	achers	you	have
worked under.								

1. Name	Relationship
Company	
2. Name	Relationship
Company	
3. Name	Relationship
	Phone_
- ·	- 13410
4. Name	
	Phone_
- ·	
5. Name	Relationship
	Phone_
	- 1717
accomplished.	nd academic achievements that you have received or
1 0 1	ng why you are interested in working for Poyen School and a good person for the position being applied for.
•	ave answered each question and completed every part of this or misleading information may result in my termination.
	Applicant's signature Date

The Poyen School District does not discriminate on the basis of race, color, national origin, sex, disability, or age.

The following person has been designated to handle inquiries regarding the non-discrimination policies: Laura Daniel, PO Box 209, Poyen, AR 72128, 501-332-8884 ext 1013. For further information on notice of nondiscrimination, visit http://wdcrobcolp01. ed.gov/CFAPPS/OCR/contactus.cfm for the address and phone number of the office that serves your area, or call 1-800-421-3481.