Southwest Arkansas Education Cooperative

2502 South Main Street Hope, Arkansas 71801 Phone (870) 777 3076 Fax (870) 777 5793

EMPLOYMENT APPLICATION

In keeping with the guidelines of Title VI, Section 601, Civil Rights Act of 1964, Title IX, Section 901, Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, Southwest Arkansas Education Cooperative assures that no person shall on the basis of race, color, national origin, sex or handicap be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program in the Southwest Arkansas Education Cooperative.

Position Desired	Name
d.	Last
	First
Phone Number	Middle
	Date

SOUTHWEST ARKANSAS EDUCATION COOPERATIVE

AN EQUAL OPPORTUNITY EMPLOYER

Name			
Last		First	Middle
Street Address			
City		State	Zip Code
How long at this addre	ss?		
Permanent Address			
Have you ever been co	nvicted of a felony?	☐ Yes ☐ No	
Have you ever been rel	leased or requested to r	resign from a place of emp	oloyment? Yes No
	unm	teran disabled veterand disabled veterand arried widow of a veterand a citizen and resident of	
Do you have any physi	cal condition that migh	nt limit your ability to per	form the job applied for?
☐ Yes ☐ No	If yes, please explai	n:	
LIST NAMES	OF THREE REFI	ERENCES TO WHO	M WE MAY REFER
Name	Occupation	Phone Number	Address

EDUCATION

	Name and Location of School	No. of Years Attended	Date Graduated	Type of Course or Degree
High School				
Vo-Tech or Business School				
College or University				

CERTIFICATIONS / ENDORSEMENTS

Date Attained	Certifying Organization	Certification	Level

EMPLOYMENT HISTORY

(Begin with most recent)

Name and Address of Employer	Date Month Year	Position	Salary	Reason for Leaving
Name	From:			
Address				
City	To:			
Supervisor				
Name	_			
Address	From:			
City	m			
Supervisor	To:			
Name				
Address	From:			
City	- То:			
Supervisor				
Name				
Address	From:			
City	To:			
Supervisor				
Name	_			
Address	From:			
City	Tr.			
Supervisor	То:			
Name	F			
Address	From:			
City	Tr.			
Supervisor	То:			

COMPUTER APPLICATIONS

Check Software Experience

 □ Word, Powerpoint, Excel □ Google Docs, Sheets, Slides □ eSchool/eFinance □ escWorks/Shoebox 	Zoom, Hangouts, Skype, etc☐ Apple iOS (iPhone, iPad)☐ Mac OS (Macbook, iMac)	☐ Windows (7, 8, 10) ☐ ————
	AGREEMENT	
In exchange for my consideration as a investigation, including but not limited investigation of all statements contained of facts called for is cause for dismissation.	I to employers and law enforcement a ed in this application. I understand m	igencies. I authorize isrepresentation or omission
I agree, if employed, to follow all rules State of Arkansas, and United States o	_	sas Education Cooperative,
I agree to promptly notify the co-op. o	f any change of address during my en	nployment.
DATE SIG	GNATURE	