



Jonesboro Public Schools Transportation Department

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street/Address Apartment/ Unit #
City State Zip Code

Phone: _____ Position Applied for: _____

Date of Birth: _____ Have you ever been convicted of a felony: YES NO

Education

High School: _____ Location: _____
Street/Address City State Zip Code

Did you graduate? YES NO Graduate Year: _____

College: _____ Location: _____
Street/Address City State Zip Code

Did you graduate? YES NO Graduate Year: _____

Special Training: _____ Location: _____
Street/Address City State Zip Code

Did you graduate? YES NO Graduate Year: _____

References

Please list three professional references.

Name of Reference	Position	Relationship	Address	Phone Number

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

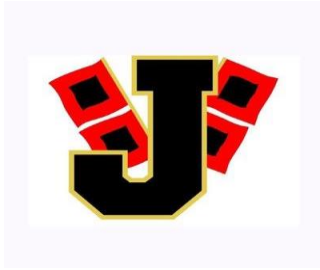
From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

Note: A drug-screening test and DOT physical is required for employment.

"By my signature I hereby give the school administration approval to obtain a moving vehicle report on my driving record. Also, I hold free from liability the school district, its employees, or anyone giving information as to my reputation, employment, or health history."

Signature: _____ Date: _____



Jonesboro Public Schools
2506 Southwest Square
Jonesboro, AR 72401

According to the Arkansas Uniform Commercial Driver’s License Act, Arkansas Statute Section 27-23-05 (c), (1), (2) and (3) each person who applies to be a commercial motor vehicle driver for the Jonesboro Public Schools must provide the school, at the time of application, with the following information for the ten (10) years preceding the date of application. If more space is needed use the back of this application.

1. A list of names and addresses of the applicant’s previous employers for which the applicant was a driver of a commercial vehicle.
2. The dates between which the applicant drove for each employer
3. The reason for leaving that employer

Name	Address	Dates of Employment	Reason for leaving

I certify that all of this information is true and complete.

Signature: _____ **Date:** _____



Office of Instruction
Jonesboro Public Schools
2506 Southwest Square
Jonesboro, AR 72401

CRIMINAL HISTORY RECORD RELEASE

I, _____ an applicant for employment with Jonesboro Public Schools, hereby authorize Jonesboro Public Schools to obtain criminal history record information on me. This information may include but not limited to arrest, investigations, convictions, and other records, regardless of disposition. I authorize and consent to the release of such information to Jonesboro Public Schools and any law enforcement agency receiving a copy of this authorization from any liability for the release of any information to Jonesboro Public Schools in Jonesboro, Arkansas.

Applicant's Signature	Social Security Number	Date
_____	_____	_____

The following is needed to request a criminal history check by law enforcement agencies:

Drivers License Number	State of Issue	Date of Birth	Race
_____	_____	_____	_____