

# EMPLOYMENT APPLICATION

Lonoke Exceptional School, Inc. is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

**DATE:** \_\_\_\_\_

**Application remains on file indefinite**

Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Message Number: (\_\_\_\_) \_\_\_\_\_

Are you 18 years of age or older:  YES  NO If no, please give Date of Birth: \_\_\_\_\_

Do you have a valid driver's license:  YES  NO State & License #: \_\_\_\_\_ / \_\_\_\_\_

Have you ever applied to, or worked for Lonoke Exceptional School, Inc. before?  YES  NO What Yr: \_\_\_\_\_

Do you have any friends or relatives working for Lonoke Exceptional School, Inc.?  YES  NO If yes, state names

and relationships: \_\_\_\_\_

How did you hear about us/this opening? \_\_\_\_\_

Position you are applying for? \_\_\_\_\_ Fulltime  Part-time  Other: \_\_\_\_\_

Hourly rate of pay acceptable: \$ \_\_\_\_\_ Date available for employment: \_\_\_\_\_

State briefly why you would like to work for Lonoke Exceptional School, Inc.: \_\_\_\_\_

Have you in the last 10 years been convicted of a felony (*excluding any sealed or expunged convictions*)?  YES  NO

*NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surroundings circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.*

If Yes, explain: \_\_\_\_\_

## Education and Training (*include on-the-job training*)

	Location / State	Circle Last Grade Completed	Check or state which applies
High School		1 2 3 4 5 6 7 8 9 10 11 12	Diploma <input type="checkbox"/> GED <input type="checkbox"/>
College / University		1 2 3 4 5 Other	Degree
Trade / Vo Tech			Degree
Other Training			Degree

## EMPLOYMENT REFERENCE CONSENT AND RELEASE

I, \_\_\_\_\_, hereby give consent to any and all prior employers of mine, or any current employer, to provide the information below regarding my employment to Lonoke Exceptional School, Inc. This consent is valid from the date indicated below till application expires. A copy of this form shall serve as an original.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number*

Do not write below this line.

### INSTRUCTION TO CURRENT OR FORMER EMPLOYER

The individual named above has applied for employment with Lonoke Exceptional School, Inc. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or U. S. Mail. This Consent and Release is intended to comply with §11-3-204 of the Arkansas Code, a law providing current and former employers with protection for providing job information about current or former employees to prospective employees.

**PLEASE RETURN THE INFORMATION TO:**

**Lonoke Exceptional School, Inc.  
ATTN: Human Resources  
P. O. Box 980, 518 NE Front Street  
Lonoke, Arkansas 72086  
Phone: 501-676-2786 - Fax: 501-676-0697**

1. Date and duration of employment: \_\_\_\_\_

2. Current or last job description and duties: \_\_\_\_\_

3. The details of the applicant's last written performance evaluation prepared prior to the date applicant signed this consent: \_\_\_\_\_

4. Attendance History (Excluding any qualifying leave under FMLA): \_\_\_\_\_

5. Results of drug and/or alcohol tests administered within the last year: \_\_\_\_\_

6. Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee: \_\_\_\_\_

7. Was his/her separation from employment ?     Voluntary     Involuntary

8. What was the reason for the applicant's separation from employment? \_\_\_\_\_

9. Is the applicant eligible for re-hire?     Yes     No     No - Company Policy

**X**

\_\_\_\_\_  
*Current or Past Employer's Signature*

\_\_\_\_\_  
*Date*

Applicant Name: \_\_\_\_\_

SS# : \_\_\_\_\_

List below all previous employers starting with your present or most recent position (last 10 years is sufficient)

**SECTION TO BE COMPLETED BY APPLICANT****SECTION TO BE COMPLETED BY LES**

Name of Company: \_\_\_\_\_

**Reference Verification**

Name of Supervisor \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Health & Attendance  Good  Adequate  Poor

City, State, Zip Code \_\_\_\_\_

Quality & Quantity of Work  Good  Adequate  Poor

Telephone Number \_\_\_\_\_

Initiative & Co-operation:  Good  Adequate  Poor

Position &amp; Duties \_\_\_\_\_

Eligible for Re-hire  Yes  NO  In your opinionDates of Employment From / To / Fulltime  Part-time would this person work well with disabled?  Yes  No

Reason For Leaving \_\_\_\_\_

Comments: \_\_\_\_\_

Do we have permission to check references with your present employer?  YES  NO

Name of Company: \_\_\_\_\_

Health & Attendance  Good  Adequate  Poor

Name of Supervisor \_\_\_\_\_

Quality & Quantity of Work  Good  Adequate  Poor

Address \_\_\_\_\_

Initiative & Co-operation:  Good  Adequate  Poor

City, State, Zip Code \_\_\_\_\_

Eligible for Re-hire  Yes  NO  In your opinion

Telephone Number \_\_\_\_\_

would this person work well with disabled?  Yes  No

Position &amp; Duties \_\_\_\_\_

Comments: \_\_\_\_\_

Dates of Employment From / To / Fulltime  Part-time 

Reason For Leaving \_\_\_\_\_

Name of Company: \_\_\_\_\_

Health & Attendance  Good  Adequate  Poor

Name of Supervisor \_\_\_\_\_

Quality & Quantity of Work  Good  Adequate  Poor

Address \_\_\_\_\_

Initiative & Co-operation:  Good  Adequate  Poor

City, State, Zip Code \_\_\_\_\_

Eligible for Re-hire  Yes  NO  In your opinion

Telephone Number \_\_\_\_\_

would this person work well with disabled?  Yes  No

Position &amp; Duties \_\_\_\_\_

Comments: \_\_\_\_\_

Dates of Employment From / To / Fulltime  Part-time 

Reason For Leaving \_\_\_\_\_

**PERSONAL REFERENCES ( Not former employer or relative)**

Name : \_\_\_\_\_

Comments: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Name : \_\_\_\_\_

Comments: \_\_\_\_\_

Phone Number : \_\_\_\_\_

**Please read and initial each paragraph below. If there is any part of this paragraph's you do not understand, please ask the interviewer about it before initialing.**

\_\_\_\_\_ *Initial*

I hereby authorize Lonoke Exceptional School, Inc. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Lonoke Exceptional School, Inc., my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosure.

\_\_\_\_\_ *Initial*

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment drug screen and a pre-employment physical. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

\_\_\_\_\_ *Initial*

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree the Lonoke Exceptional School, Inc. may conduct alcohol or drug screening to its sole discretion with or without notice. I also understand that refusal to submit to an alcohol or drug screen will be considered a voluntary resignation of employment.

\_\_\_\_\_ *Initial*

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between me and Lonoke Exceptional School, Inc. In addition, I understand and agree that if I am employed, my employment relationship with Lonoke Exceptional School, Inc. is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Lonoke Exceptional School, Inc. and that no promises or representations contrary to the forgoing are binding on Lonoke Exceptional School, Inc. unless made in writing and signed jointly by the Executive Director/CEO and myself.

\_\_\_\_\_ *Initial*

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Lonoke Exceptional School, Inc. benefits, policies and procedures will not alter our at-will and arbitration agreements.

\_\_\_\_\_ *Initial*

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

\_\_\_\_\_ *Initial*

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Arkansas driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Lonoke Exceptional School's auto insurance, if required for my position.

\_\_\_\_\_ *Initial*

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

***My Signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.***

**X**

\_\_\_\_\_ *Applicant's Signature*

\_\_\_\_\_ *Date*