

EMPLOYMENT HISTORY
(Cover at least last four years)

Name & Address of Employer	Date: Month & Year	Position	Salary	Reason for Leaving
Name	From:			
Address				
City	To:			
Supervisor				
Name	From:			
Address				
City	To:			
Supervisor				
Name	From:			
Address				
City	To:			
Supervisor				
Name	From:			
Address				
City	To:			
Supervisor				

CHECK POSTIONS FOR WHICH YOU ARE QUALIFIED:

- | | | |
|--|--|--|
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Nurse | <input type="checkbox"/> General Maintenance |
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Teacher Assistant | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Food Service Worker | | <input type="checkbox"/> Lunch Room Manager |

IN EXCHANGE FOR MY CONSIDERATION AS A POTENTIAL EMPLOYEE I AUTHORIZE A COMPLETE BACKGROUND INVESTIGATION, INCLUDING BUT NOT LIMITED TO EMPLOYERS AND LAW ENFORCEMENT AGENCIES. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL WITHOUT NOTICE AT ANYTIME DURING MY EMPLOYMENT. I ALSO UNDERSTAND THAT SOME JOBS REQUIRE SPECIAL BACKGROUND CHECKS PRIOR TO MY EMPLOYMENT AND THAT FAILURE TO MEET THESE REQUIREMENTS MAY LEAD TO MY REJECTION AS AN APPLICANT FOR THAT JOB. I AUTHORIZE ACADEMICS PLUS CHARTER SCHOOL PERSONNEL TO OBTAIN ANY INFORMATION CONCERNING MY PARTICIPATION IN A CONTROLLED SUBSTANCES AND ALCOHOL TESTING PROGRAM FROM ANY PREVIOUS EMPLOYER.

I AGREE, IF EMPLOYED, TO FOLLOW ALL RULES AND REGULATIONS OF THE ACADEMICS PLUS SCHOOL, STATE OF ARKANSAS, AND UNITED STATES OF AMERICA.

I UNDERSTAND BY STATE LAW THE BOARD OF EDUCATION REQUIRES ALL EMPLOYEES TO SUBMIT A HEALTH CERTIFICATE FROM THEIR PHYSICIAN ALONG WITH A CHEST X-RAY OR TUBERCULIN TEST YEARLY. I FURTHER UNDERSTAND AND AGREE THE PHYSICAL AND TUBERCULIN TEST WILL BE AT MY EXPENSE.

I AGREE TO PROMPTLY NOTIFY THE DISTRICT OF ANY CHANGE OF ADDRESS DURING MY EMPLOYMENT.

DATE: _____

SIGNATURE: _____

Please return to:

Kim Martin
Human Resource Officer
900 Edgewood Drive
Maumelle, AR 72113
kim.martin@academicsplus.org

(501) 803-9730 phone - (501) 803-9742 fax