

Lonoke School District Non-certified Personnel Application

Name _____ Date _____
 Street Address _____ P.O. Box _____ City _____
 State _____ Zip Code _____ Phone Number(s) _____

School	Institution Name	Dates Attended	Course (Major/Minor)	Degree/Semester Hours
High School				
College				

Social Security Number _____ Name as shown on card _____
 Are you employed? _____ Have you determined to leave your present position? _____ When can you begin work? _____
 What position are you seeking? _____
 Do you have any physical or mental conditions which would prevent you from performing any of the normal job functions for which you are applying? _____ Are you related to anyone employed by the Lonoke School District? _____ if so, please list: _____
 Referred by _____
 Do you have a driver's license? _____ Have you ever been convicted of a felony? _____ If yes, explain _____
 In case of emergency, notify: Name _____
 Address _____ Phone number _____

Former Employees

Dates of Employment		Name, Address & Phone # of Employer	Salary	Position	Reason for Leaving
Start	End				
Start	End				
Start	End				
Start	End				

References: Give below the names of three persons not related to you whom you have known at least one year.

Name	Address	Occupation	Years Acquainted	Phone Number

Note: The Lonoke School District does not discriminate on the basis of race, color, national origin, sex, age, qualified handicap, or veteran.