

DEER/MT. JUDEA SCHOOL DISTRICT

BILL MIZUR, SUPERINTENDENT, PO BOX 56 DEER, AR 72628

PHONE: (870) 428-5433

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APPLICANT INFORMATION					
Last Name:		First Name:		Middle Initial:	Date:
Street Address:					Appt/Unit #:
City:		State:		Zip Code:	
Phone Number:					
Date Available:		Social Security Number:			
EDUCATION					
High School:				Address:	
From: To:		Did you Graduate: Yes No		Degree:	
College:					
From: To:		Did you Graduate: Yes No		Degree:	
REFERENCES					
Please List three references					
1: Full Name:				Phone Number:	
Address:					
2: Full Name:				Phone Number:	
Address:					
3: Full Name:				Phone Number:	
Address:					
Previous Employment					
1. Company:				Phone Number:	

Address:		Supervisor Name:	
Responsibilities:			
From:		To:	
		Reason for Leaving:	
2. Company:		Phone Number:	
Address:		Supervisor Name:	
Responsibilities:			
From:		To:	
Disclaimer and Signature			
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p><i>If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my release.</i></p>			
Signature:		Date:	