

HILLCREST SCHOOL DISTRICT

146 S. Main Street P.O. Box 50
PHONE: (870) 528-3856 FAX (870) 528-3383
STRAWBERRY, ARKANSAS 72469

**APPLICATION FOR EMPLOYMENT
CLASSIFIED**

Date _____
Month/day/year

NAME _____
Last First Middle initial

ADDRESS _____
Street/Route City State Zip Code

DATE OF BIRTH: _____

SOCIAL SECURITY # _____

POSITION DESIRED _____

EDUCATION _____
High School Address Grad. Date

_____ Technical/Other Address Grad. Date

(Please attach copies of transcripts to this application.)

PROFESSIONAL REFERENCES

Name Title Phone #

Name Title Phone #

Name Title Phone #

PERSONAL REFERENCES

Name Relationship Phone #

Name Relationship Phone #

(If you have letters of reference, please attach copies to this application.)

Signature Date

(This application will remain on file for one year. If you would like to update by mail or telephone, it will be kept on file for one additional year.)

AN EQUAL OPPORTUNITY EMPLOYER