

Rivercrest School District
Superintendent's Office
22 North Jefferson
Wilson, AR 72395

Phone: 870-655-8633

Fax: 870-655-8841

Full Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Cell #: _____

Social Security Number: _____ Age: _____ Marital Status: _____

Email Address _____

Education			
College (Circle one)			Degree (BA, etc.)
H.S. Grad ____	GED ____	1 2 3 4 Col. Grad.	

For what position are you applying? _____

Previous Employment:

Employer: _____ Dates: _____

Employer: _____ Dates: _____

Employer: _____ Dates: _____

Reason for leaving most previous employment: _____

References:

1. _____

2. _____

3. _____

Are you a U.S. Citizen? ____

Have you ever been convicted of a felony? ____

(If yes, please explain on back.)

Signature _____ Date _____

Mail Application to Address Above

The Rivercrest School District does not discriminate in employment on the basis of race, color, national origin, sex or handicap.