

Educational and Professional Training

High School _____ Address _____

Dates of Attendance _____ Did you graduate? YES NO

College _____ Address _____

Dates of Attendance _____ Did you graduate? YES NO Degree _____

Other _____ Address _____

Dates of Attendance _____ Did you graduate? YES NO Degree _____

Student Intern *(if within the last five years)*

Year _____ Fall _____ Spring _____ School District _____

Subjects or Grade Level	Name and Address of Supervising Principals and Cooperating Teachers	College Professor Who Supervised Student Teaching

Teaching Experience

Name of School	Location	Grade/Subject Taught	Date	Number of Years	Number of Teachers in System
Total Number of Years					

Professional Certification

State of Issuance	Teaching Area	Date Valid Issued Expires	Type of License	Grade Level

REFERENCES

Full Name of Reference	Full Name of Reference	Full Name of Reference
Mailing Address	Mailing Address	Mailing Address
Phone #	Phone #	Phone #
Position	Position	Position

General Information

To what professional organizations do you belong?

Are you currently under contract with another district? Yes No

If yes, when does your contract expire?

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain.

As a teacher, have you ever failed to have a contract renewed or been placed on probation? Yes No

If yes, please explain.

Veteran Information *(please indicate if any of the following apply to you)*

Veteran under age fifty-five (55)? Yes No

Veteran who is over the age of fifty-five (55), disabled *(it is not necessary that the disability is service-connected)*, and entitled to a pension or compensation under existing laws? Yes No

Veteran that suffers from a service-connected disability? Yes No

Spouse of a deceased veteran who is unmarried at the time of hiring? Yes No

Spouse of a veteran who suffers from a service-connected disability? Yes No

Applicant's Statement

Original Statement Please respond to the following in your own words. Explain why you chose to enter the teaching profession and describe your career goals in the profession.

District's Statement

Include the following:

- A copy of teaching certificate/license OR
- Letter from Arkansas college stating all requirements completed for verification of initial licensure (New teachers) OR
- Verification of provisional licensure eligibility OR
- Non-traditional licensure verification
- Three letters of reference
- Copy of your college transcript for all college credit
- Praxis I and II test results
- Resume' if desired

READ CAREFULLY BEFORE SIGNING

- Application forms are sent to all who request them regardless of existing vacancies. The issuance of such forms does not signify that the applicant is under consideration for appointment.
- An application remains active for a period of (2) years and must be renewed following this period.
- The facts set forth in my application for employment shall be considered true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signed

Date