

**FOUKE SCHOOL DISTRICT**  
**Application for Licensed Personnel**

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Social Security No. \_\_\_\_\_

Position Desired 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Full Time \_\_\_\_\_ or Part-time \_\_\_\_\_ Are you a U.S. Citizen \_\_\_\_\_ If not, are you a legal alien? \_\_\_\_\_

Have you been employed here before? \_\_\_\_\_ When? \_\_\_\_\_ What Capacity? \_\_\_\_\_

Are you currently serving on active duty in the United States Military? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a disabled veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Are you the surviving spouse of a deceased veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been discharged or asked to resign from any position(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been treated for drug or alcohol abuse? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Professional Organizations \_\_\_\_\_

Do you have a current Arkansas teaching license? Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate(s) held \_\_\_\_\_

Have you ever been on an ALP? \_\_\_\_\_ If yes, list year and content area. \_\_\_\_\_

\*Attach copies of all certificates, teaching license, and other pertinent information to this application.

**EDUCATION**

School and Location Include High School & College	Date	Credits/ Hours	Degree or Diploma	Major & Hours	Minor & Hours

**TEACHING EXPERIENCE (most recent first)**

<b>School and Location</b>	<b>Date</b>	<b>Grades or Subjects Taught</b>	<b>Supervisors</b>

**OTHER WORK EXPERIENCE (most recent first)**

<b>Firms and Location</b>	<b>Date</b>	<b>Duties</b>	<b>Supervisors</b>

**REFERENCE**

<b>Name</b>	<b>Mailing Address &amp; Telephone</b>	<b>Position</b>

I grant permission to Fouke School District to investigate my references and release the said District and my former employers who may supply written and/or oral references from this and all liability resulting from such investigation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I hereby warrant that the information given by me on this form is true and correct. I understand that if I am employed by the Fouke School District, any misrepresentation or omission of any facts called for on this application or in the interview is cause for immediate dismissal at any time during my employment. If employed, I agree to follow all rules and regulations of said District as well as all Arkansas and Federal laws applicable to my employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date