

OZARK PUBLIC SCHOOLS
P.O. BOX 135, OZARK, AR, 72949

An Equal Opportunity Employer
"Committed to Excellence"

DATE _____

NAME _____
Last First Middle

PRESENT ADDRESS _____
Number of Street City State Zip Code

PHONE _____ I WILL BE AVAILABLE AT THIS NUMBER UNTIL _____
Area Code-Number

GIVE DATE YOU WOULD BE AVAILABLE FOR POSITION _____

WILL YOU BE AVAILABLE FOR A PERSONAL INTERVIEW? _____

ARE YOU A U.S. CITIZEN _____ IF NOT, ARE YOU A LEGAL ALIEN? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (other than traffic violation) YES _____ NO _____

IF ABOVE ANSWER IS "YES", PLEASE EXPLAIN _____

POSITION DESIRED _____

REFERENCES: Give at least four references, including superintendent and principals under whom you have taught, and have first hand knowledge of your character, personality, scholarship and teaching ability.

NAME	OFFICIAL POSITION	STREET ADDRESS	CITY	STATE	PHONE NUMBER

You may renew your application each year bringing it up to date.

APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR.

ENCLOSE COPIES OF ALL TRANSCRIPTS

UNDERGRADUATE

MAJOR _____
 MINOR _____

GRADUATE

MINOR _____

COLLEGE ACTIVITIES IN WHICH YOU HAVE PARTICIPATED _____

HOBBIES - SPORTS - SPECIAL INTERESTS _____

PRACTICE TEACHING

NAME OF SCHOOL _____

GRADE OR SUBJECT TAUGHT _____ DATES _____

SUPERVISING TEACHER _____

DO YOU HOLD AN ARKANSAS TEACHING CERTIFICATE? _____ EXP. DATE _____

TYPE _____ REGULAR _____ PROVISONAL _____
 ELEMENTARY _____
 SECONDARY _____

SUBJECTS QUALIFIED TO TEACH AS LISTED ON TEACHING CERTIFICATE: _____

EDUCATIONAL AND PROFESSIONAL TRAINING

	NAME OF INSTITUTION	CITY & STATE	DATES ATTENDED: FROM/TO MO. YR./MO. YR.	GRADUATION DATE/DEGREE	TOTAL SEMESTER HOURS IN EACH
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
GRADUATE WORK					
				<i>TOTAL HOURS:</i>	

TEACHING EXPERIENCE

List all experience in chronological order and account for each school year since you began teaching.

INCLUSIVE DATES FROM TO	NUMBER MONTHS EXPERIENCE	NAME OF SCHOOL	ADDRESS	SUBJECT OR GRADE TAUGHT	FULL OR PART TIME	REASON FOR LEAVING

Activity or Activities You Would be Willing to Sponsor _____

NON-TEACHING EXPERIENCE

(Include Military Service Record)

INCLUSIVE DATES FROM TO	NAME OF EMPLOYER	ADDRESS	RANK OR POSITION FIELD	REASON FOR LEAVING OR TYPE OF DISCHARGE

AGREEMENT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND MISREPRESENTATION OF OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL WITHOUT NOTICE AT ANY TIME DURING MY EMPLOYMENT.

I AGREE TO PROMPTLY NOTIFY THE DISTRICT OF ANY CHANGE OF ADDRESS DURING MY EMPLOYMENT.

Date _____

Signature _____