



FORREST CITY SCHOOL DISTRICT

ADMINISTRATIVE OFFICE

625 Irving St.
Forrest City, AR 72335
Phone No. 870-633-1485

APPLICATION FOR CERTIFIED POSITION

INSTRUCTIONS: Do not omit any applicable item. Failure to complete the entire form including the writing sample will result in the rejection of your candidacy.

Date of Application _____

Name _____
(as it appears on Social Security Records) LAST OTHER NAME(S) USED

Social Security Number _____ Phone No. () _____ Present

Date of Birth _____ Phone No. () _____ Permanent

Address _____
NUMBER STREET CITY STATE ZIP CODE

Present Address Valid Until _____

Permanent Address _____
NUMBER STREET CITY STATE ZIP CODE

Position(s) Applied For: Teacher _____ Specialist _____ Administrator _____

A. CERTIFICATION

1. Do you hold or have you held Arkansas teaching certification. _____

a. Type: Regular _____ Provisional _____ b. Certification areas: _____

c. Years valid: _____ to _____

2. Do you hold or have you held teaching certification in another state? _____

a. State: _____ b. Type: _____

c. Certification areas: _____

d. Years valid: _____ to _____

3. If you do not currently hold a teaching certificate, describe your status:

FOR OFFICE USE ONLY

Date Received _____	Assignment _____
<u>Attachments:</u>	School _____
NTE Scores _____	Salary _____
Transcript _____	Effective Date _____
References _____	Degree(s) _____
Teaching Certificate _____	Increments _____
Applicant Interviewed:	F.C. _____ Non F.C. _____
Date/Initial _____	Total _____

Attach Recent Photograph

B. EDUCATIONAL AND PROFESSIONAL TRAINING

1. List high school, college or university.

Dates Attended	School/Institution	Location	Major	Minor	Degree & Year

2. Special Training, seminars, etc.: _____

C. POSITION(S) DESIRED

1. Check appropriate space(s) below:

_____ Kindergarten	_____ Special Education	_____ Other _____
_____ Elementary	_____ Counselor/Elementary	_____ Administrator _____
_____ Junior High	_____ Counselor/Secondary	_____ Gifted/Talented _____
_____ Senior High	_____ Media Specialist	_____ Speech Therapist _____

2. Number in order of preference those elementary grade levels you wish to teach:

K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____
 K-6 _____ (Special Education, Music, Media, Speech, etc.)

3. List the secondary subject areas in which you are certified to teach: _____

4. List other subjects you could teach **and** the number of semester hours in these areas:

5. a. Check the extra-curricular activities or clubs which you would be willing to sponsor:

b. Circle those in which you would be willing to assist:

_____ drama	_____ cheerleaders	_____ athletics-sports	_____ foreign language
_____ debate	_____ drill team	_____ music-areas	_____ other _____
_____ yearbook	_____ newspaper	_____ student council	_____

D. ADDITIONAL INFORMATION

Language ability (other than English): Fluent in: _____
 Conversant in: _____ Read with understanding: _____
 Have you ever been convicted of a felony? Yes _____ No _____
 Are you currently on the child maltreatment registry? Yes _____ No _____
 Have you ever been released or requested to resign from a place of employment? Yes _____ No _____
 If yes, please explain: _____
 Why do you wish to leave your present position? _____
 Why do you wish to teach in Forrest City? _____

E. EXPERIENCE - Account for your work history in Parts 1 and/or 2 below, beginning with current experience.

- Teaching Experience** - List in sequence regular teaching experience in public and private schools and in colleges and universities.

Dates: Mo./Yr. From - To	Name of Institution or District	City or State	Grade or Subject Taught
Student Teaching:			

2. Number of years previous teaching experience in Forrest City Schools _____

3. Total years teaching experience _____

- Non - Teaching Experience** - List other employment and/or experience.

Dates: Mo./Yr. From - To	Firm or Agency	Address	Position

- Please list three professional references whom we may contact. We are especially interested in the names of people who have observed your work in the classroom. Please include the names of the most recent superintendents and/or principals.

Name	Official Position	Address & Telephone

G. ORIGINAL STATEMENT – Please respond to the following in your own handwriting.

Explain why you chose to enter the teaching profession and describe your career goals in the profession.

H. 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 one year 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.

All active qualified applications will receive continuing consideration for appropriate vacancies as they occur. Due to the large number of applications, it is impossible to keep each informed of his current status. Please let us know when you are no longer available.

Signed _____
Applicant Date

The FORREST CITY SCHOOL DISTRICT is an equal opportunity educational and employment institution. The law protects the rights of an equal employment opportunity regardless of race, religious creed, national origin, ancestry, physical handicap, sex or age.