

# Employment Application

Date:

<b>NAME:</b> Last		First		Middle	
Social Security Number		Position Applying For:		Date available	
Complete Mailing Address			City	State	ZIP Code
I will be at the above address until:			E-Mail Address		
Home Phone Number ( )		Work Phone Number ( )		Message or Other Phone Number ( )	
Date of Birth		Are you a U.S. Citizen?		If not, are you a legal Alien?	
Do you have any physical impairment that would interfere with your performance in the position for which you are applying?					

Have you ever been convicted of a felony?  Yes  No

**In case of an emergency, notify**

Name			Relationship		
Address		City	State	Zip Code	Phone Number ( )

## References:

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

Name	Official Position	Street Address	City	State	Phone #

If applicable, please check:  Veteran  Disabled Veteran  Spouse of a Deceased Veteran

# Educational and Professional Training:

	Name and Address of School	From		To		Graduation Date	Degree	Total Semester Hrs. Earned at Each School
		Mo.	Yr.	Mo.	Yr.			
High School								
College or University								
Graduate Work								

Total Semester Hours of Credit:

Undergraduate Area of Specialization

Major	Minor
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Graduate Area of Specialization

Major	Minor
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College Activities in which you have participated

Hobbies - Sports - Special interests

Do you hold an Arkansas Teaching Certificate?  Yes  No

Expiration Date? \_\_\_\_\_

Subjects qualified to teach as listed on Teaching Certificate: \_\_\_\_\_

Type	Regular	Provisional
Elementary		
Secondary		

## Practice Teaching

Name of School \_\_\_\_\_

Grade or Subject Taught \_\_\_\_\_

Name of Principal \_\_\_\_\_

Supervising Teacher \_\_\_\_\_

Date \_\_\_\_\_

## Teaching Experience

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

Inclusive		Number months Experience	Name of School	Address	Subjects or Grade Taught	Full or Part Time	Reason for Leaving
From	To						

List Annual Salary of Last Teaching Position Held \$ \_\_\_\_\_

Activity or Activities You Would Be Willing to Sponsor \_\_\_\_\_

## Non-Teaching Experience (Include Military Service Record)

Inclusive		Name of Employer	Address	Rank or Position Held	Reason for Leaving or Type of Discharge
From	To				

## AGREEMENT

I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal without notice at any time during my employment.

I agree, if employed, to follow all rules and regulations of the district.

I understand, by State Law, the Board of Education must require all employees to submit a health certificate from their physician along with a tuberculin test. I further understand and agree he physician and tuberculin test will be at my expense.

I agree to promptly notify the district of any change of address during my employment.

(The Waldron School District is an Equal Opportunity Employer)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_