



Piggott School District

429 E. Main St.
P.O. Box 387
Piggott, AR 72454
Phone: (870) 598-2572



APPLICATION INSTRUCTIONS

Applications are accepted year-round, remain active for one full year and may be reviewed by phone or in writing. They are available at Central Office or by downloading on-line.

Once vacancies occur within the district, only completed applications will be reviewed for available positions. It is very important to submit all required documents with the application.

To ensure consideration for an employment interview, applicant must provide the following documents to complete the application file:

- 1) Completed Application
- 2) College Transcripts (photocopies are acceptable)
- 3) Photocopy of Praxis Scores/NTE Scores
- 4) Photocopy of teaching license or eligibility for Arkansas teaching license(s) Reference forms

Send application and required documents (photocopy of college transcripts, photocopy of Praxis/NTE scores, photocopy of teaching license or licensure eligibility, etc.) to:

**Mr. Freddie Bowen
Superintendent Piggott
School District 429 E. Main
St.
Piggott, AR 72454**

Applicant's Acknowledgement, Authorization, and Release

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 employment. An application remains active for a period of one year and must be renewed following this period. If recommended for employment, a criminal background check will be required to be satisfactorily completed before an applicant will be employed.

I certify that the information given by me in this application is true and correct without omissions of any kind. I agree that the Piggott School District shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the Piggott School District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the Piggott School District any information they may have regarding me. In consideration of the Piggott School District's review of this application, I hereby release the District as well as other providers of information from any liability and for any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Signature of

Date:

Applicant:

In compliance with federal nondiscrimination laws, Piggott School District does not discriminate in employment and education practices relative to race or national origin (Title VI of the Civil Rights Act of 1964), disability (section 504 of the Rehabilitation Act of 1973 and Title I of the Americans with Disabilities Act), gender (Title IX of the Education Amendments of 1972), or age (The Age Discrimination Act of 1975).



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DATE RECEIVED IN
PERSONNEL OFFICE

APPLICATION FOR EMPLOYMENT - CERTIFIED STAFF

Do not omit any applicable item. Failure to complete the entire form may result in the rejection of your candidacy.

General Information

Last Name: _____ First Name: _____ Middle Name: _____
Street Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____

Additional phone number(s) where you may be reached during the day: _____

Social Security Number: _____ Email Address: _____

Are you one of the following:

☐ Veteran ☐ Disabled Veteran ☐ Surviving Spouse of a Deceased Veteran

Position Desired

Check appropriate:

☐ P-4Counselor- ☐ ElementaryMusic-BandSpecial ☐ Education ☐
☐ 5-8Counselor- ☐ SecondaryMusic- ☐ ChoralAdministrator ☐
☐ 9-12Media ☐ SpecialistPE/Coach ☐
☐ Other _____

List secondary subjects you are licensed to teach: _____

☐ No

Date available for employment: _____

Are you currently under contract?

☐ Yes

If Yes, explain: _____

Licensure

State Issuing License

Expiration Date

Type of License

Area(s) of Licensure

If you do not currently hold an Arkansas teaching license, describe your status: _____

Number of Professional Development Hours:
APPLICATION FOR EMPLOYMENT - CERTIFIED STAFF (PAGE 2 of 3)

Education and Professional Training

Institution - Undergraduate	City & State	Degree Awarded	Major	Minor
Institution - Graduate	City & State	Degree Awarded	Major	Minor

Student Teaching Experience:

Name of School	City & State	Cooperating Teacher(s)	Grade Level & Subject

Additional Information

Have you ever been convicted of a felony? ☐ No ☐ Yes If Yes, identify: _____

Have you ever been discharged from a position ? ☐ No ☐ Yes If Yes, explain on a separate sheet of paper.

References

Provide at least three references, including principals and superintendents for whom you have most recently taught and one additional person who can attest to your character and qualifications.

Reference #1

Name: _____	Title: _____	Phone Number: _____
Street Address: _____	City: _____	State: _____ Zip: _____

Reference #2

Name: _____	Title: _____	Phone Number: _____
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Street Address: _____ City: _____ State: _____ Zip: _____

Reference #3

Name: _____ Title: _____ Phone Number: _____
Street _____ Address: _____
City: _____ State: _____ Zip: _____

APPLICATION FOR EMPLOYMENT - CERTIFIED STAFF (PAGE 3 of 3)

Teaching Experience

Beginning with your most recent experience, list all regular teaching experience.

Inclusive dates of service:

Month & Year

Month & Year

School Name:

Street Address:

State: _____ Zip: _____

Name of immediate supervisor: _____

Assignment

: _____
Grade Level/
Subject: _____

Teaching Experience #1

City:Phone Number: _____

Title
:

Teaching Experience #2

Inclusive dates of service:

Month & Year

Month & Year

School Name:

Street Address:

State: _____ Zip: _____

Name of immediate supervisor: _____

Assignment

: _____
Grade Level/
Subject: _____

City:Phone Number: _____

Title

Teaching Experience #3

Inclusive dates of service:

Month & Year

Month & Year

School Name:

Street Address:

City: _____ State: _____ Zip: _____

Name of immediate supervisor: _____

Assignment

: _____
Grade Level/
Subject: _____

Phone Number: _____
Title
: _____

Non-Teaching Experience

Name of immediate supervisor: _____
State: _____ Zip: _____

Beginning with your most recent experience, list non-teaching experience.

Non-Teaching Experience #1

Inclusive dates of service: _____
Month & Year Month & Year
Company _____
Name: _____
City:Phone Number: _____
Street Address: _____
Position: _____
Title : _____

Name of immediate supervisor: _____
State: _____ Zip: _____

Non-Teaching Experience #2

Inclusive dates of service: _____
Month & Year Month & Year
Company _____
Name: _____
City:Phone Number: _____
Street Address: _____
Position: _____
Title : _____



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PROFESSIONAL REFERENCE FORM

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Applicant Name:

Please Print Full Name

REFERENCE: The above named person has applied for a position with the Piggott School District. Please complete the form and return it to: **ATTN: Freddie Bowen, Piggott School District, 429 E. Main St., Piggott, AR 72454.** Thank you for your assistance.

Note: Please rate the applicant in each of the following categories by comparing this individual with others of comparable training and experience	OUTSTANDING	GOOD	ACCEPTABLE	NEEDS IMPROVEMENT	UNKNOWN
1. Teacher as a Person Displays enthusiasm for learning/subject matter. Interacts with students, and possesses a high level of motivation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Planning for Instruction Sequences events, and relates concepts to prior knowledge. Selects objectives and aligns activities to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Classroom Management & Organization Communicates rules and monitors behavior. Provides feedback and involves parents/guardians/other school personnel as appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Implementing Instruction Holds students individually accountable. Considers student's special needs. Provides differentiated work as appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Monitoring Student Progress & Potential Provides frequent feedback to students and offers multiple assessments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Relation to Students Ability and willingness to develop favorable relationships with students. Responsive to student needs. High regard for students of all backgrounds and abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Month & Year

Month & Year

To your knowledge, has this applicant been convicted of a misdemeanor, drug possession or usage, felony or crime involving moral turpitude?

Telephone Number: _____

Company/School: _____

Dates of service: _____ - _____

Applicant's Position: _____

Is this applicant eligible for rehire to your district? ☐ No ☐ Yes

Would you rehire? ☐ No ☐ Yes

☐ No ☐ Yes

Date: _____

Signature of Evaluator: _____

APP-CERT 02/21/08



7. Professionalism Has knowledge of current approaches to teaching. Willingness to work with others in a team situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Modeling Appropriate Behavior Dress, appearance, courteousness, and behavior of individual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____ Name _____ of _____

Evaluator: _____ Evaluator's Title: _____

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Position: _____

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2. Planning for Instruction Sequences events, and relates concepts to prior knowledge. Selects objectives and aligns activities to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Month & Year

Month & Year

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Telephone Number: _____

Company/School: _____

Dates of service: _____ - _____

Applicant's

Position: _____

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Would you rehire? ☐ No ☐ Yes

☐ No ☐ Yes

Date: _____

Signature of Evaluator: _____



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Comments: _____ Name _____ of _____

Evaluator:

Evaluator's Title:

Month & Year

Month & Year

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Telephone Number: _____

Company/School: _____

Dates of service: _____ — _____

Applicant's Position: _____

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Would you rehire? ☐ No ☐ Yes

Date:

Signature of Evaluator:

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SCHOOL EXPERIENCE & SICK LEAVE VERIFICATION FORM

As an applicant to the district, you should give this form to previous employers and ask that they return the form to Piggott School District.

Applicant
Name:

Date:

LAST

FIRST

MIDDLE
INITIAL

Social Security Number:

REFERENCE: The above named person has applied for a position with the Piggott School District. Please complete the form and return it to: ATTN: Piggott School District, 429 East Main St., Piggott, AR 72454. Thank you for your assistance. *This record is for the Piggott School District to evaluate the experience of the applicant. In order to evaluate this experience ALL INFORMATION MUST be completed. This information will also be used to determine salary increments.* Thank you for your assistance.

(Reproduce form as necessary)

SCHOOL YEAR	STATE	SCHOOL DISTRICT OR INSTITUTION	POSITION HELD	YEARS OF EXPER.	FROM	TO	SICK LEAVE END-OF-YEAR BAL.



Authorized Signature:

Title:

Phone Number: