

INSTRUCTIONAL AND ADMINISTRATIVE APPLICATION

Name _____
LAST FIRST MIDDLE Date

Position Desired _____
(INDICATE LEVELS IN ELEMENTARY SCHOOL OR SUBJECTS IN MIDDLE, JUNIOR, OR SENIOR HIGH SCHOOL IN ORDER OF PREFERENCE)

Email Address: _____

Parkers Chapel School

209 Parkers Chapel Road

El Dorado, Arkansas 71730

PARKERS CHAPEL SCHOOL DISTRICT

AN EQUAL OPPORTUNITY EMPLOYER

Name _____
LAST FIRST MIDDLE

Present Address _____
NUMBER & STREET CITY STATE ZIP CODE

Phone _____ I will be available at the above address until _____
DATE

Permanent Address _____ Phone _____
NUMBER & STREET CITY STATE ZIP CODE AREA CODE - NUMBER

Give date you would be available for position _____

Social Security Number _____

Are you a U. S. Citizen? _____ If not, are you a legal Alien? _____

In case of emergency, notify _____ Relationship _____

Address _____ Phone _____
NUMBER & STREET CITY STATE ZIP CODE AREA CODE - NUMBER

Have you ever been convicted of a crime (other than traffic violations)? Yes _____ No _____

If above answer is "YES", please explain _____

Position desired _____ Date available _____

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 |
|------|-------------------|----------------|------|-------|
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EDUCATIONAL AND PROFESSIONAL TRAINING

| | NAME OF INSTITUTION ATTENDED | CITY & STATE | DATES ATTENDED | | | | GRADUATION | | TOTAL SEMESTER HOURS EARNED IN EACH SCHOOL (If Qtr. hrs., please indicate) |
|-----------------------|--------------------------------|--------------|----------------|-----|-----|-----|------------|--------|--|
| | | | FROM | | TO | | DATE | DEGREE | |
| | | | Mo. | Yr. | Mo. | Yr. | | | |
| HIGH SCHOOL | | | | | | | | | |
| COLLEGE OR UNIVERSITY | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| GRADUATE WORK | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | TOTAL SEMESTER HOURS OF CREDIT | | | | | | | | |

UNDERGRADUATE
Area of Specialization _____

Major _____

Minor _____

GRADUATE
Area of Specialization _____

Major _____

Minor _____

College Activities in Which You Have Participated _____

Hobbies - Sports - Special Interests _____

PRACTICE TEACHING

Name of School _____

Grade or Subject Taught _____ Date _____

Name of Principal _____ Supervising Teacher _____

Do you hold an Arkansas Teaching Certificate? _____ Expiration Date _____

TYPE REGULAR PROVISIONAL

Elementary _____ _____

Secondary _____ _____

SUBJECTS QUALIFIED TO TEACH AS LISTED ON TEACHING CERTIFICATE --

TEACHING EXPERIENCE

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

| INCLUSIVE DATES | | NUMBER MONTHS EXP-ERIENCE | NAME OF SCHOOL | ADDRESS | SUBJECTS OR GRADE TAUGHT | FULL OR PART TIME | REASON FOR LEAVING |
|-----------------|----|---------------------------|----------------|---------|--------------------------|-------------------|--------------------|
| From | To | | | | | | |
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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 DATES | | NAME OF EMPLOYER | ADDRESS | RANK OR POSITION HELD | REASON FOR LEAVING OR TYPE OF DISCHARGE |
|-----------------|----|------------------|---------|-----------------------|---|
| From | To | | | | |
| | | | | | |
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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 CHEST X-RAY REPORT OR TUBERCULIN TEST YEARLY. I FURTHER UNDERSTAND AND AGREE THE PHYSICAL AND TUBERCULIN TEST WILL BE AT MY EXPENSE.

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

Date _____

Signature _____