

# Lead Hill School District



## Application for Employment (Licensed Personnel)

P. O. Box 20, Lead Hill, AR 72644  
Telephone: (870)436-0506  
Website: [leadhillschools.net](http://leadhillschools.net)

Name \_\_\_\_\_  
LAST FIRST MIDDLE \_\_\_\_\_  
Date \_\_\_\_\_  
Position desired \_\_\_\_\_

## AN EQUAL OPPORTUNITY EMPLOYER

Name \_\_\_\_\_ SS# \_\_\_\_\_  
LAST FIRST MIDDLE

Current Address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

Phone \_\_\_\_\_ I will be available at the above address until \_\_\_\_\_  
AREA CODE - NUMBER DATE

Permanent Address \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

E-mail address \_\_\_\_\_

Are you a U.S. Citizen?     Yes     No    If not, are you a legal Alien?     Yes     No

In case of emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE AREA CODE-NUMBER

Have you ever been asked to resign?     Yes     No    If Yes, please explain \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime?     Yes     No    If Yes, please explain \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

References: Please give at least four references, including superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, and teaching ability.

Name	Position	Address City, State, Zip	Phone

## EDUCATIONAL AND PROFESSIONAL TRAINING

	NAME OF INSTITUTION ATTENDED	CITY & STATE	DATES ATTENDED		GRADUATION		CREDIT HOURS EARNED
			FROM	TO	MO/YR	DEGREE	
			MO/YR	MO/YR			
HIGH SCHOOL							
COLLEGE OR UNIVERSITY							
GRADUATE WORK							

UNDERGRADUATE  
Area of Specialization \_\_\_\_\_

Major \_\_\_\_\_

Minor \_\_\_\_\_

GRADUATE  
Area of Specialization \_\_\_\_\_

Major \_\_\_\_\_

Minor \_\_\_\_\_

College Activities in Which You Have Participated \_\_\_\_\_

Hobbies, Sports, Special Interests \_\_\_\_\_

Do you hold an Arkansas Teaching License?     Yes     No    Expiration Date \_\_\_\_\_

Please list areas of Certification \_\_\_\_\_

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### STUDENT TEACHING/INTERNSHIP

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

Grade & Subject Taught \_\_\_\_\_ Date \_\_\_\_\_

Supervising Teacher(s) \_\_\_\_\_

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

## TEACHING EXPERIENCE

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

Inclusive Dates		Name of School	City, State	Grade and/or Subjects Taught	Reason for Leaving
From	To				

Annual Salary of Last Teaching Position \$ \_\_\_\_\_ Activities Willing to Sponsor: \_\_\_\_\_

## NON-TEACHING EXPERIENCE (INCLUDE MILITARY SERVICE RECORD)

Inclusive Dates		Branch of Service	City, State	Rank or Position Held	Reason For Leaving or Type of Discharge
From	To				

## AGREEMENT

**I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS OR WILLFUL OMISSIONS WOULD BE CAUSE FOR DISMISSAL WITHOUT NOTICE AT ANY TIME DURING MY EMPLOYMENT.**

**I GIVE CONSENT FOR LEAD HILL SCHOOL OFFICIALS TO SEEK INFORMATION FROM PRIOR EMPLOYERS AND REFERENCES LISTED.**

**I UNDERSTAND THE ARKANSAS DEPARTMENT OF EDUCATION REQUIRES ALL EMPLOYEES TO BE SUBJECT TO A CRIMINAL BACKGROUND AND A CHILD MALTREATMENT BACKGROUND CHECK. I UNDERSTAND THAT ANY ASSOCIATED FEES MAY BE MY RESPONSIBILITY.**

**I AGREE, IF EMPLOYED, TO FOLLOW ALL POLICIES AND REGULATIONS OF THE DISTRICT.**

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

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_