



Bergman School District

PO Box 1
Bergman, AR 72615
870-741-5213

Certified Application

Personal Information

Name: _____ Date: _____

Permanent Address: _____

Primary Phone: _____ Have you worked here before? Yes ___ No ___

Licensure

Do you hold an Arkansas Teaching Certificate? Yes ___ No ___

Type: Standard ___ Provisional: ___ Expiration Date: _____

Licensure Areas / Certifications	Grade(s)
_____	_____
_____	_____
_____	_____

Educational and Professional Training

Undergraduate Institution(s)

College or University: _____ Year(s) Attended: _____
 College or University: _____ Year(s) Attended: _____
 Degree(s) Obtained: _____ Graduation Date: _____

Graduate Institution(s)

College or University: _____ Year(s) Attended: _____
 Hours of Graduate Work: _____
 College or University: _____ Year(s) Attended: _____
 Hours of Graduate Work: _____
 Graduate Degree Obtained: _____ Graduation Date: _____

Student Teaching

Name of School: _____ Dates: _____ to _____
 Name of Principal: _____ Phone: _____
 Supervising Teacher: _____ Phone: _____
 Grade/Subject Taught: _____

Employment History

Present Position

School: _____ Full or Part Time: _____
Name of Principal: _____ Phone: _____
Address: _____
Number of months/years experience: _____ Dates: _____
Subjects or Grade Taught: _____

School: _____ Full or Part Time: _____
Name of Principal: _____ Phone: _____
Address: _____
Number of months/years experience: _____ Dates: _____
Subjects or Grade Taught: _____

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Name of Principal: _____ Phone: _____
Address: _____
Number of months/years experience: _____ Dates: _____
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School: _____ Full or Part Time: _____
Name of Principal: _____ Phone: _____
Address: _____
Number of months/years experience: _____ Dates: _____
Subjects or Grade Taught: _____

Experience Summary

Years of teaching experience _____ Years of administration experience _____

References

Name: _____ Official Position: _____
Address: _____ Phone Number: _____
Email: _____

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Address: _____ Phone Number: _____
Email: _____

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Address: _____ Phone Number: _____
Email: _____

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Address: _____ Phone Number: _____
Email: _____

Job Skills

Which Science of Reading Pathway have you completed?

- _____ K-2 R.I.S.E. Academy (6 days) Date Completed _____ Co-Op attended _____
- _____ 3-6 R.I.S.E. Training (6 days) Date Completed _____ Co-Op attended _____
- _____ LTRS Foundation Training (3 days) Date Completed _____ Co-Op attended _____
- _____ 3-6 R.I.S.E. Training (6 days) Date Completed _____ Co-Op attended _____
- _____ S o R Awareness Pathway Attach all IDEA certificates
- _____ Passing the Pearson Foundations of Reading Assessment Date Completed _____ (attach scores)
- _____ I completed a different Science of Reading Pathway. Attach all certificates.

- **Are you current on your professional development for the current school year?** Yes _____ No _____
- **Attach a document of your past 5 years of professional development to this application.**

Background Information

Are you legally able to work in the U.S.? Yes _____ No _____

- Have you ever been convicted of a crime (other than traffic violations)? Yes _____ No _____
 - If yes, please explain: _____
- Have you ever had a professional certificate revoked or suspended? Yes _____ No _____
 - If yes, please explain: _____
- Have you been convicted of any offense for physical or sexual abuse of a child? Yes _____ No _____
 - If yes, please explain: _____
- Have you ever had a charge of child abuse against you substantiated? Yes _____ No _____
 - If yes, please explain: _____
- Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from the employment of another school district? Yes _____ No _____
 - If yes, please explain: _____
- Have you ever had a professional license revoked or suspended? Yes _____ No _____
 - If yes, please explain: _____

Bergman School District does not discriminate against any applicant for employment on the basis of sex, disability, race, color, or national origin. Bergman School District is an equal opportunity employer.

Signature

Date

Please attach to this application:

- Resume
- Transcript
- Certifications (include Science of Reading)
- Current copy of your Arkansas Teaching License
- Past 2 years of Professional Development (list on a separate sheet)

Bergman Elementary School Grades: K-4 Debbie Atkinson, Principal datkinson@bergman.k12.ar.us Phone: 870-741-6404 Fax: 870-741-6017	Bergman Middle School Grades: 5-8 Jason Keys, Principal jkeys@bergman.k12.ar.us Phone: 870-741-8557 Fax: 741-3490	Bergman High School Grades: 9-12 Amy Curtis, Principal acurtis@bergman.k12.ar.us Phone: 870-741-1414 Fax: 1-870-741-5815
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