

INSTRUCTIONAL AND ADMINISTRATIVE APPLICATION

Name _____ Date _____

Position Desired _____

Indicate grade levels in elementary and subjects in high school; in order of preference

CEDAR RIDGE SCHOOL DISTRICT

1502 NORTH HILL STREET

NEWARK, AR 72562

(870) 201-2577 PHONE

(870) 799-8647 FAX

www.cedarwolves.org

The Cedar Ridge School District shall adhere to all regulations concerning equal opportunities for all employees. Individuals shall be employed without regard to race, creed color, age, sex, religion, marital status, or national origin. Discrimination against any person shall be prohibited in recruitment, examination, appointment, training, promotion, and any other aspect of personnel administration.

Cedar Ridge School District

Name _____
Last First Middle

Address _____
Street City State Zip Code

Day Phone _____ Cell and/or Evening Phone _____

Social Security Number _____ Date of Birth _____

In an emergency, notify _____ Relationship: _____

Address _____
Street City State Zip Code

Have you ever been convicted of a felony? _____ If yes, please explain: _____

Position Desired _____
(Indicate level(s) in elementary and/or subjects in secondary)

Date you would be available for employment _____

Date you would be available for this position _____

Expiration date on your current contract _____

Will you accept a position "subject to assignment"? _____

Do you hold a current teaching certificate? _____ From which State? _____

Type of Certificate (circle one): Regular or Provisional

List all areas of certification on your Arkansas Certificate _____

Note: A Résumé must be included with this form before any consideration will be given to your employment. The following items must be included in your Résumé: Educational and Professional training, all teaching experience (including student teaching), recent non-teaching experience, and at least four references (with address and phone number) – including one from the most recent superintendent and/or principal under whom you have taught. Include other information which qualifies you for this position (copy of teaching certificate, transcripts).

AGREEMENT

I authorize the investigation of all information contained in this application and on the attached Résumé. I understand that misrepresentation or omission of facts constitute valid grounds for dismissal at any time during my employment. I agree, if employed, to accept and remain the full school year, sickness alone preventing, unless honorably excused by the superintendent and Board of Education after I have given not less than 30 days written request through the superintendent's office.

Date _____

Signature _____

PLEASE RETURN THIS FORM TO:

C. R. S. D. Central Office, 1502 North Hill Street, Newark, AR 72562

NOTES

(for office use only)

Date of Interview _____

Person conducting interview _____