



LEE COUNTY SCHOOL DISTRICT
HOME OF THE TROJANS

LEE COUNTY SCHOOL DISTRICT NO. "1"

161 Walnut Street
MARIANNA, AR 72360
PHONE (870) 295-7100
FAX (870) 298-2216

APPLICATION OF

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
NUMBER & STREET CITY STATE ZIP

PHONE _____ I WILL BE AVAILABLE AT THE ABOVE ADDRESS UNTIL _____
DATE

PERMANENT ADDRESS _____
NUMBER & STREET CITY STATE ZIP

PHONE _____
AREA CODE+NUMBER

GIVE DATE YOU WOULD BE AVAILABLE FOR POSITION _____

SOCIAL SECURITY NUMBER _____

IN CASE OF EMERGENCY, NOTIFY _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____
NUMBER & STREET CITY STATE ZIP AREA CODE +NUMBER

FOR POSITION AS TEACHER OF

INDICATE GRADES, OR IF HIGH SCHOOL, SUBJECTS IN ORDER OF PREFERENCE)

DATE _____ 200_____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL AND PROFESSIONAL TRAINING

	NAME OF INSTITUTION ATTENDED	CITY & STATE	DATES ATTENDED		GRADUATION		TOTAL SEMESTER HOURS EARNED IN EACH SCHOOL (IF QUARTER HOURS PLEASE INDICATE)
			FROM	TO	DATE	DEGREE	
			MO. YR.	MO. YR.			
HIGH SCHOOL							
UNDERGRADUATE (COLLEGE, VOCATIONAL, TECHNICAL & OTHER TRAINING)							
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 _____

STUDENT TEACHING

NAME OF SCHOOL _____

ADDRESS _____

GRADE OF SUBJECT TAUGHT _____ DATE _____

NAME OF PRINCIPAL _____ SUPERVISING TEACHER _____

DO YOU HOLD AN ARKANSAS TEACHING CERTIFICATE? _____

EXPIRATION DATE _____

TYPE:
MASTERS (10 YRS.) _____

LEVELS:
ELEMENTARY _____

REGULAR (6 YRS.) _____

SECONDARY _____

PROVISIONAL (1 YR.) _____

K-12 _____

OTHER _____

SUBJECTS QUALIFIED TO TEACH AS LISTED ON TEACHING CERTIFICATE _____

TEACHING EXPERIENCE

LIST ALL EXPERIENCE IN CHRONOLOGICAL ORDER BEGINNING WITH MOST RECENT EXPERIENCE.

INCLUSIVE DATES		NUMBER MONTHS EXPERIENCE	NAME OF SCHOOL	ADDRESS	SUBJECTS OR GRADE TAUGHT	FULL OR PART TIME	REASON FOR LEAVING
FROM	TO						

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				

REFERENCES: GIVE AT LEAST FOUR REFERENCES, INCLUDING SUPERINTENDENT AND PRINCIPALS UNDER WHOM YOU HAVE TAUGHT, EXCLUDING STUDENT TEACHING, WHO HAVE FIRST-HAND KNOWLEDGE OF YOUR CHARACTER, PERSONALITY, SCHOLARSHIP AND TEACHING ABILITY:

NAME	OFFICIAL POSITION	STREET ADDRESS	CITY	STATE

PLEASE GIVE YOUR RESPONSE TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED. HOW WOULD THE EMPLOYMENT FOR WHICH YOU ARE APPLYING HELP YOU ATTAIN CAREER AND LIFE GOALS AND AT THE SAME TIME CONTRIBUTE TO THE GOAL OF PROVIDING A GOOD EDUCATION FOR THE CHILDREN OF THIS SCHOOL DISTRICT?

AGREEMENT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR NONEMPLOYMENT OR FOR DISMISSAL.

I AGREE, IF EMPLOYED, TO FOLLOW ALL POLICIES, RULES AND REGULATIONS OF TH DISTRICT AND OF THE SCHOOL TO WHICH I MAY BE ASSIGNED.

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

I UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT I WILL BE REQUIRED TO APPLY TO THE IDENTIFICATION BUREAU OF THE DEPARTMENT OF ARKANSAS STATE POLICE FOR A STATE AND NATIONWIDE CRIMINAL RECORDS CHECK, TO BE CONDUCTED BY THE FEDERAL BUREAU OF INVESTIGATION. I FURTHER UNDERSTAND THAT I WILL BE REQUIRED TO PAY FOR THESE BACKGROUND CHECKS FROM THE ARKANSAS STATE POLICE (\$15.00), AND THE FBI (\$24.00) BEFORE THE EMPLOYMENT.

PAYDAY IS BI-WEEKLY IN TH LEE COUNTY SCHOOL DISTRICT, WITH FRIDAY BEING THE DAY THAT CHECKS ARE ISSUED. NEWLY HIRED EMPLOYEES ARE REQUIRED TO WORK FOR A FULL TWO-WEEK PAY PERIOD BEFORE RECEIVING THEIR FIRST CHECK. THE EMPLOYEE WOULD THEN RECEIVE A CHECK TWO WEEKS AFTER RESIGNATION OR TERMINATION.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? () YES () NO _____ SIGNATURE

PLEASE DO NOT WRITE IN THE SPACE BELOW FOR SCHOOL DISTRICT USE

INTERVIEW DATE _____
 EMPLOYED YES _____ NO _____
 ASSIGNMENT _____
 COMMENTS _____