

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

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. EXPERIENCE	NAME OF SCHOOL	ADDRESS	SUBJECTS OR GRADE TAUGHT	FULL OR PART TIME	REASON FOR LEAVING
From	To						

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				

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

The Parkers Chapel School District shall not discriminate on the grounds of race, color, national origin, age, sex, religion or disability and is an equal opportunity employer.