

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

