

MARKED TREE SCHOOL DISTRICT NO. 28

ANNESA THOMPSON, SUPERINTENDENT

406 St. Francis Street
Marked Tree, AR 72365
Phone: 870-358-2913
Fax: 870-358-3953

Certified Personnel Application for Employment

Date of Application: _____

Position(s) applying for: _____

General Information:

Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

PHONE NUMBER: _____

Optional:			
Marital Status:	Number of Children:	Place of Birth:	Date of Birth:

Social Security Number: _____ Date Available: _____

The Marked Tree School District does not discriminate on the basis of race, religion, national origin, sex, age, qualified handicap or veteran status.

ARE YOU A VETERAN? YES NO (CIRCLE YES OR NO)

Education

Include High School Attended:

School or College	Location	Dates Attended	Degree

Total Undergraduate Hours _____

Total Graduate Hours _____

Undergraduate GPA _____

Graduate GPA _____

Student Teaching

Name of School _____ Location _____ Date _____

Grade(s) or subject(s) taught _____ Principal _____

Cooperating _____ Supervising _____

Teacher _____ Professor _____

Teaching Experience

Total Years' Teaching Experience _____

List all experience in chronological order and account for each school year since you began teaching.

no.	Dates		Name of School	Address	Phone	Position	Full or Part time
	From	To					

Extra Curricular Areas and Coaching

College activities or coaching experience in which you have participated:

Extra-curricular areas that you have sponsored:

Extra-curricular areas that you would be willing to sponsor:

Certification

Do you hold an Arkansas teacher's certificate? _____ Expiration date _____

Area(s) of certification _____

Level: Secondary _____ Elementary _____

Type: Ten-Year _____ Six-Year _____ Provisional _____

Do you hold a teacher's certificate from another state? _____ Expiration Date _____

Area(s) of certification _____

Please attach transcripts to this application.

Non-teaching Experience

Include military service record

Type of military discharge _____

Dates		Employer	Address	Phone	Position	Full or
From	To					Part Time

References

Please list at least three references. Applicants with prior teaching experience must list supervisors under whom they have worked and who have knowledge of their job performance.

Name	Address	Position	Phone

Personal Data

Are you a U.S. citizen? _____ If not, are you a legal alien? _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain.

Are you using or have you ever used drugs or any form or euphoric stimulant? Yes _____ No _____

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 that by state law the Board of Education must/may require all employees to submit a health certificate from their physicians along with a chest x-ray or tuberculin test. I further understand and agree the physical or tuberculin test will be at my expense.

I agree to notify the Marked Tree School District promptly of any change of address during my employment.

Date _____

Signature