

PALESTINE - WHEATLEY SCHOOL DISTRICT NO. 23
P.O. Box 790, PALESTINE, ARKANSAS 72372
870-581-2646

An Equal Opportunity Employer

We offer equal opportunities to all persons without regard to race, color, religion, age, sex, national origin, or handicap. Please complete this application form in your own handwriting. Be sure to answer all questions fully since all statements made by you will be checked for accuracy.

THIS APPLICATION WILL BE REMOVED FROM OUR ACTIVE FILES AFTER ONE YEAR UNLESS RENEWED BY THE APPLICANT

Name _____ Last _____ First _____ Middle _____ Date _____

Please check position desired:

(A) Administrative _____

1. Superintendent _____

2. Principal _____ Elementary _____ High School _____

(B) Instructional _____

1. Elementary _____ (Indicate Grade Level(s))

2. Secondary _____ (Indicate Subject Area(s))

(C) Non-Certified Positions

Check Type of Position for Which You are Applying:

_____ Secretary _____ General Aide _____ Volunteer Aide

_____ Clerk Typist _____ Cook _____ Health Aide

_____ Administrative Clerk _____ Nurse _____ Bus Driver*

_____ Receptionist _____ General Maintenance _____ Auto Mechanic

_____ Bookkeeper _____ Housekeeper _____ Other (List Below _____

_____ Teacher Aide _____ Cook Manager _____

* Bus Drivers are required to pass a physical examination given by a licensed physician or registered nurse, and a written/oral and road test given by Arkansas State Police.

EDUCATIONAL AND PROFESSIONAL TRAINING

	NAME OF INSTITUTION ATTENDED	CITY & STATE	DATES ATTENDED		GRADUATION		TOTAL SEMESTER HOURS EARNED IN EACH SCHOOL (If Qrt. Hrs. Please Indicate)
			FROM	TO	DATE	DEGREE	
			MO. YR.	MO. YR.			
HIGH SCHOOL							
COLLEGE OR UNIVERSITY							
GRADUATE WORK							
TOTAL SEMESTER HOURS OF CREDIT							

(Administrative & Instructional Personnel Only)

UNDERGRADUATE Major _____
 Area of Specialization Minor _____
GRADUATE Major _____
 Area of Specialization Minor _____

College Activities in Which You Have Participated _____
 Please submit an official college transcript.
 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 EXPERIENCE	NAME OF SCHOOL	ADDRESS	SUBJECTS OR GRADES 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

INCLUDING MILITARY SERVICE RECORD

INCLUSIVE DATES		NAMES 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 MISREPRESENT 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