



# Earle School District

P.O. Box 637  
 Earle, AR 72331  
 870-792-8486 Main Office

## Employment Application

Please answer all questions which apply to you. If they do not apply, mark them N/A. Please print, type, or write legibly.

- Applications for employment with the Earle School District are accepted without regard to sex, race, age, national origin, handicap/disability, or religion.
- Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.
- Applications filed do not create a contract of employment with the Earle School District. If an individual is hired as a certified worker, he/she will also be required to provide a valid teacher's certificate, principal's certificate, supervisor's certificate, or administrative certificate.
- Qualified applicants with disabilities as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, may request any needed accommodations to participate in the application process.

DATE _____				
NAME _____				
Last	First	Middle	Maiden Name	
PRESENT ADDRESS _____				
Number/Street	City	State	Zip	
PERMANENT ADDRESS _____				
Number/Street	City	State	Zip	
HOME PHONE ( ) _____ WORK PHONE ( ) _____ MESSAGE PHONE ( ) _____				

Degree(s) \_\_\_\_\_  
 Certified Field(s) \_\_\_\_\_  
 Present Employer \_\_\_\_\_  
 Present Position \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

**POSITION(S) APPLYING FOR**  
(IN ORDER OF PREFERENCE):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Grade Level Preference \_\_\_\_\_

**PLEASE NOTE:**

- Copies of all college transcripts and Arkansas Certificates must be included with this application.
- This application is active for a period of two years. If not updated in that period of time, it will no longer be considered.
- All applicants will receive consideration without regard to race, religion, sex, age, national origin or disability that can be reasonably accommodated.

**FOR OFFICE USE ONLY**

<p style="text-align: center;"><b>Comments</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Salary Classification _____ Salary \$ _____</p> <p>Number of Days Employed _____</p> <p>Effective Date of Employment _____</p> <p>Assigned To _____</p> <p>Replaces _____</p> <p style="text-align: right;">_____ Approved, Superintendent of Schools</p>
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\_\_\_\_\_

**EQUAL EMPLOYMENT DATA:** This section is designed to collect information which will be used in the completion of various state and federal reports and will not be used in the processing of, or remain a part of, your application. The completion of this section is voluntary.

Applicant's Name \_\_\_\_\_  
Last First Middle Maiden Name

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ FORMCHECKBOX Male

Female

**CHECK ONE OF THE FOUR (4) LISTED WHICH YOU CONSIDER YOURSELF TO BE:**

- White (Descendant of the original peoples of Europe, North Africa, or the Middle East.)
- African-American (Descendent of the black racial groups of Africa.)
- American Indian or Alaskan Native (Descendent of any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.)
- Asian or Pacific Islander (Descendent of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.)
- Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture origin, regardless of race.)

**MILITARY HISTORY**

If you believe you may be eligible for veterans preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans preference. Under certain conditions spouses, widows, or widowers of qualified veterans may also be eligible for veterans preference. For consideration of veterans preference, proof such as a DD-214, current letter from the Veterans Administration, or other official documentation may be required. Specific questions regarding veterans preference should be addressed to individual state agency personnel offices.

Have you served on active duty in the United States military, excluding Active Duty for Training (AcuDuTra) and Reserve Military Annual Training (AT)?

Branch of Service \_\_\_\_\_

Date of entry \_\_\_\_\_

Date of discharge \_\_\_\_\_

Type of discharge \_\_\_\_\_

**HOW DID YOU LEARN OF THIS JOB OPENING?**

Newspaper

Employment Security Department

Agency Announcement

Educational Institution - Name of institution:

\_\_\_\_\_

School District Website

Other - Explain:

\_\_\_\_\_

**EDUCATIONAL HISTORY**

<b>HIGH SCHOOL</b>						
Dates	Total	City	State	From	To	Yrs
_____	_____	_____	_____	_____	_____	_____
<b>UNDERGRADUATE SCHOOLS</b>						
1.		City	State	From	To	Yrs
_____		_____	_____	_____	_____	_____
Major(s)		Minor(s)				
_____		_____				
2.		City	State	From	To	Yrs
_____		_____	_____	_____	_____	_____
Major(s)		Minor(s)				
_____		_____				
<b>GRADUATE SCHOOLS</b>						
1.		City	State	From	To	Yrs
_____		_____	_____	_____	_____	_____
Major(s)		Minor(s)				
_____		_____				
2.		City	State	From	To	Yrs
_____		_____	_____	_____	_____	_____
Major(s)		Minor(s)				
_____		_____				

<b>STUDENT TEACHING EXPERIENCE</b>			
School	City	State	From To
_____	_____	_____	_____
Cooperating Teacher	Phone #		
_____	_____		

**EMPLOYMENT HISTORY**

<b>TEACHING EXPERIENCE</b> (List only full-time teaching assignments; last employment list.)			
School	City	State	From To
_____	_____	_____	_____



Grade/Subject Taught \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason(s) for Leaving \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Grade/Subject Taught \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason(s) for Leaving \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Grade/Subject Taught \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason(s) for Leaving \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Grade/Subject Taught \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Reason(s) for Leaving \_\_\_\_\_

**OTHER WORK EXPERIENCE**

Immediate Supervisor \_\_\_\_\_ Company \_\_\_\_\_

Company Address \_\_\_\_\_ Phone # \_\_\_\_\_

Duties \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Company \_\_\_\_\_

Company Address \_\_\_\_\_ Phone # \_\_\_\_\_

Duties \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Company \_\_\_\_\_

Company Address \_\_\_\_\_ Phone # \_\_\_\_\_

Duties \_\_\_\_\_

**REFERENCES**

(Do not list the public school supervising teacher or the college supervisor of student teaching.)

1. Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Association \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Association \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Association \_\_\_\_\_ Phone # \_\_\_\_\_

4. Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Association \_\_\_\_\_ Phone # \_\_\_\_\_

Have you been convicted of a felony? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, Explain the nature of the conviction \_\_\_\_\_

APPLICANT'S STATEMENT

Please read and sign.

If employed, I agree to accept the present and future Earle School District policies, rules, and regulations. I declare that the statements in this application are true and complete, and I authorize the school district to investigate the accuracy and completeness of the information in my application. I authorize all former employers to release to the Earle School District any information requested concerning my employment. I expressly understand that any false or misleading statement or material omission made by me in this application will be sufficient grounds for immediate dismissal from employment with the school district, whenever same is discovered.