

**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.

**PALESTINE-WHEATLEY SCHOOL DISTRICT  
AN EQUAL OPPORTUNITY EMPLOYER**

Name \_\_\_\_\_  
LAST FIRST MAIDEN

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 \_\_\_\_\_

Would you be available for an interview \_\_\_\_\_  
YES NO

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