

DEWITT SCHOOL DISTRICT

AN EQUAL OPPORTUNITY EMPLOYER

Name _____

LAST
FIRST
MIDDLE

Present Address _____

NUMBER & STREET
CITY
STATE
ZIP

Phone _____ I will be available at the above address until _____
DATE

Permanent Address _____ Phone _____

NUMBER & STREET
CITY
STATE
ZIP

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

Have you ever been convicted of a crime (other than traffic violations)? Yes _____ No _____

If the answer above is "YES" please explain. _____

Do you have any physical impairment that would interfere with your performance in the position for which you are applying?

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. Beginning teachers, list your supervising teacher.

NAME	OFFICIAL POSITION	STREET ADDRESS	CITY	STATE

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 GRADE TAUGHT	FULL OR PART TIME
FROM	TO					

List Annual Salary of Last Teaching Position Held \$ _____

Activity or Activities You Would be Willing to Sponsor _____

NON-TEACHING EXPERIENCE
(INCLUDE MILITARY SERVICE RECORD)

INCLUSIVE DATES		NAME OF EMPLOYER	ADDRESS	RANK OR POSITION HELD
FROM	TO			

AGREEMENT

I authorize investigation of all statement 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 by state law the board of education must require all employees to submit a health certificate -- a chest x-ray report or tuberculin test year. I further understand and agree the tuberculin test will be at my expense.

I agree to promptly notify the district of any change of address during my employment.

Date _____ Signature _____

EDUCATIONAL AND PROFESSIONAL TRAINING

	NAME OF INSTITUTION ATTENDED	CITY & STATE	DATES ATTENDED		GRADUATION		TOTAL SEMESTER HOURS EARNED IN EACH SCHOOL (if qtr. hrs. please indicate)
			FROM	TO	DATE	DEGREE	
			Mo. Yr.	Mo. Yr.			
HIGH SCHOOL							
COLLEGE OR UNIVERSITY							
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 _____

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