LAWRENCE COUNTY SCHOOL DISTRICT

Walnut Ridge School 508 East Free Street Walnut Ridge, Arkansas 72476

Phone: 870-886-6634

Please enclose the following items:

*Teaching Certificate *Transcript *Resume

The Lawrence County School District shall adhere to a policy of equal employment opportunities for all employees. Individuals shall be employed without regard to race, creed, color, age, sex, religion, marital status, or national origin. Discrimination against any person shall be prohibited in recruitment, examination, appointment, training, promotion, and any other aspect of personnel administration.

POSITION DESIRED (INDICATE LEVELS IN ELEMENTARY SCHOOL OR SUBJECTS IN MIDDLE, OR SENIOR HIGH SCHOOL IN ORDER OF PREFERENCE) INSTRUCTIONAL AND ADMINISTRATIVE APPLICATION

WALNUT RIDGE SCHOOL

Name									
	LA	ST		FIRST		MIDDLE			
Present Address									
			NUME	BER & STREET	CITY	S	TATE	ZIP CODE	
Phone			I will b	oe available at	the above address	until			
							DATE		
PermanentAddress						Phone			
	NUMBER & STRE	EET	CITY	STATE	ZIP CODE		AREA CODE-	DE-NUMBER	
Give date you would	be available fo	r position			Expiration date on	present contra	ct		
Social Security Numb	oer			Da	ate of Birth				
In case of emergency	y, notify				Relat	tionship			
Address						Phone			
NUMBER & S	STREET	CITY		STATE	ZIP CODE		AREA COE	E-NUMBER	
Have you ever been	convicted of a	crime (other th	nan traffic v	violations)?	Yes N	lo			
If above answer is "Y	ES," please e	xplain							
Do you have any phy	/sical impairme	ent that would	interfere wi	ith your perfori	mance in the position	on for which yo	u are applying	j?	
Position desired	1				D	ate available			
						ato avallabio_			
Will you accept a pos	sition "subject t	o assignment	"? Yes	N	0				
References: Give at I knowled	east four refere		•	•	•	m you have tau	ught, and have	e first-hand	
NAME	=	OFFIC POSIT		S	TREET ADDRES	S	CITY	STATE	
		1							

EDUCATIONAL AND PROFESSIONAL TRAINING

	NAME OF	CITY	DATES ATTENDED		GRADUATION		TOTAL SEMESTER	
	INSTITUTION	&	FROM	ТО	DATE	DECDEE	HOURS EARNED IN EACH SCHOOL	
	ATTENDED	STATE	Mo. Yr.	Mo. Yr.	DATE	DEGREE	(if Qtr. hrs. please indicate)	
HIGH SCHOOL								
COLLEGE								
OR UNIVERSITY								
GRADUATE								
WORK								
		TOTAL SEMESTE	R HOURS	OF CREDIT				
UNDERGRADUATE			N	laior				
Area of Specializa	ation			•				
GRADUATE			IV					
Area of Specializa	tion		N	1 or ——-				
			M	linor ——				
College Activities in V	Vhich You Have Parti	cipated						
Hobbies-Sports-S	pecial Interests — -							
PRACTICE TEACHIN	IG							
NamemSchool _								
Grade or Subject	Taught — — — — -					Date		
Name of Principal				Supervising	Teacher			
Do you hold an Arkansas Teaching Certificate?Expiration Date								
TYPE	REGUL	AR		PROVISIOI				
Elementary								
Secondary								
Administrator								
Subjects Qualified to	Teach as Listed on T	eaching Certificate:						

TEACHING EXPERIENCE

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

INCLUSIVE DATES		NUMBER MONTHS	NAME OF	ADDRESS	SUBJECTS OR GRADE	FULL OR	REASON FOR
FROM	то	EXPERIENCE	SCHOOL		TAUGHT	PART TIME	LEAVING
		1		'			l

List Annual Salary of Last Teaching Position Held	\$
Activity or Activities You Would be Willing to Sponso	or

NON-TEACHING EXPERIENCE

(INCLUDE MILITARY SERVICE RECORD)

INCLUSIVE DATES		NAME OF	ADDRESS	RANK OR	REASON FOR LEAVING OR TYPE
FROM	то	EMPLOYER	ADDICESS	POSITION HELD	OF DISCHARGE
				i	

AGREEMENT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION! 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 AIIPOLICIES, RULES AND REGULATIONS OF THE DISTRICT.

I AGREE, IF EMPLOYED, TO ACCEPT AND REMAIN THE FULL SCHOOL YEAR, SICKNESS ALONE PREVENTING, UNLESS HONORABLY EXCUSED BY THE SUPERINTENDENT AND THE BOARD OF EDUCATION AFTER I HAVE GIVEN NOT LESS THAN THIRTY DAYSWRITTEN REQUEST THROUGH THE SUPERINTENDENTS OFFICE.

Date	 <u></u>		
		Signature	