

Application for Licensed Personnel
Sloan-Hendrix School District

This application becomes a part of the applicant's official record. For full consideration, the following documents must accompany the application:

- Cover Letter
- Resume
- Copies of original transcripts
- Copies of original teaching license
- Copies of Praxis test scores or ARHOUSSE form
- Three Application References

Position Applying for: _____ **Date:** _____

Personal Information

Name: _____ Social Security Number _____
(Last) (First) (Middle)

Current Mailing Address: _____
(Street) (City) (State) (Zip Code)

Please enter information on how the District can contact you. Please provide information for preferred method.

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Additional Information

1. Are you related to a current school board member? _____ If so, please include the relationship

2. Have you worked for this District before? ____ Yes ____ No If "Yes," please provide details
(Where/When/Job Title/Name under which Employed) _____

3. Are you a legal resident of the United States? _____
4. Are you able to perform the essential functions of the job for which you are applying, with or
without a reasonable accommodation? ____ Yes ____ No
If "No," please explain: _____

Employment Desired

Position applying for _____
When would you be available to begin work? _____
Type of employment desired: ____ Full-Time ____ Part-Time
Hourly rate/salary required: _____
Are you currently employed? ____ Yes ____ No
If so, may we inquire of your present employer? ____ Yes ____ No
If presently employed, why are you considering leaving? _____

License Information

Name on License:	Social Security Number:
Date Issued:	Date Expires:

Teaching license areas/fields and/or endorsement: _____
If you do not have a teaching certificate, when do you expect to receive it? _____

One of the contingencies for employment in this district is holding a valid Arkansas Teaching Certificate. Out-of-state certification must be valid for conversion to an Arkansas certification (Arkansas has reciprocity with every state in the United States.)

It is your responsibility to inform the District of a certification deficiency and to make arrangement to remove the deficiency. **Termination of your employment with the school district could result from a failure to remove a deficiency from your certification.**

Education

Give record of all Colleges, Universities, and Vocational/Technical Schools you have attended.

School Name & Location	Did you graduate?	Degree Received	Subjects Studies/Major	If no degree, total hours earned

Employment History

Dates Employed From: To:	Employer Name Address Phone Employer's E-Mail	Job Title & Responsibilities	Reason for Leaving

May we contact your current employer and/or supervisor? ___ Yes ___ No

Total number of years taught in Arkansas: _____ Out-of-State: _____

References

Please provide three references from former supervisors or colleagues. (Do not include relatives.)

Name	Relationship to Applicant	Address & E-Mail	Phone Number(s)

General Question

Would you be able and willing to travel as needed? ____ Yes ____ No

If "No," please explain: _____

Veteran Status

1. Are you a veteran of any branch of the U. S. Armed Services including Reserve/National Guard Units? ____ Yes ____ No
2. Are you a disabled veteran of any branch of the U. S. Armed Services including Reserve/ National Guard Units? ____ Yes ____ No
3. Are you the unmarried spouse of a deceased veteran? ____ Yes ____ No

Authorization/Affirmation

The facts set forth in this application and any supplemental information are true and complete to the best of my knowledge. I understand that, if employed by the school board of Sloan-Hendrix School District, falsified statements on this application shall be considered sufficient cause for immediate discharge. I hereby authorize investigation of all statements contained herein and employers listed above to give the District any and all information concerning my employment, and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the District to hire me. I understand that no representative of the District has the authority to make any assurance to the contrary.

I understand that I am required to abide by all rules and regulations of the school district. Furthermore, if hired, I agree to acquaint myself with the policies of the Sloan-Hendrix School District Board of Education and comply with these policies.

The Sloan-Hendrix School District is an equal-opportunity employer. Selection is determined by the presentation of evidence of experience and training, the submission of written professional references, and personal interviews. The District is an Equal Opportunity employer and does not discriminate on the basis of race, ancestry, color, religion, sex, age, marital status, sexual orientation, medical condition, disability, veteran status, or any other basis protected by law.

It is important to note that all employees are subject to reassignment at any time according to the needs of the Sloan-Hendrix School District and Arkansas Law.

If applicant is hired, this application becomes a part of the employee file.

Applicant's Signature

Date

This application will be valid for 30 days after the position applied for is filled.