RETURN FORM TO OFFICE OF SUPERINTENDENT

NOITACITIONAL AND ADMINISTRATIVE APPLICATION

AlbbiM

(INDICATE LEVELS IN ELEMENTARY SCHOOL OR SUBJECTS IN MIDDLE, JUNIOR, OR SENIOR HIGH SCHOOL IN ORDER OF PREFERENCE.)

Date

P.O. Box 98 Blevins, Arkansas 71825 phone (870) 874-2801 fax (870) 874-2889

Blevins School District

First

Position Desired

Name

Last

BLEVINS SCHOOL DISTRICT AN EQUAL OPPORTUNITY EMPLOYER

TAUTION					
	Last	First			Middle
Present Address					
	Number and Street		City	State	Zip
Phone		I will be available at the above address until	the above address	until	
					date
Permanent Addresss			Phone	(P)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Number and Street	State	Zip		area code - number
Give date you would be available for position	vailable for position_			- Company	- Callery - Call
Social Security Number			Date of Birth		
A constant of the constant of		If not are your level alien?	olien?		
The page of programme and		•	Relationship		
an once of enverteement, money			 		
Address (number, street, city, state, zip)	state, zip)				
Have you ever been convicted of a crime (other than a traffic violation)?	icted of a crime (other	than a traffic violation	n)? Yes_		No
If above answer is "yes" please explain	please explain				
Veteran? Yes No	_ Disabled Veteran? Yes	ın? Yes No	_ Surviving spouse of Veteran? Yes	pouse of Vei	eran? 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
			Official Position Street Address
i			City
*			State

TEACHING EXPERIENCE

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

INCLUSIVE DATES		Activity or activit	List annual salar			FROM	INCLUSIVE DATES
		ies you wou	y of last tea			PRENCE	NUMBER
WHE OF ENDINOVED	NON-TEA (Include I	Activity or activities you would be willing to sponsor:	List annual salary of last teaching position held. \$				NAME OF SCHOOL
	NON-TEACHING EXPERIENCE (Include Military Service Record)	or:	To the second se				ADDRESS
RANK OR	d) NCE		,			TAUGHT	SUBJECTS OR GRADE
							POR FUEL
REASON FOR LEAVING OR			And the second s				REASON FOR LEAVING

!			FROM	INCLUSIVE DATES
			ТО	IVE IS
				NAME OF EMPLOYER
				ADDRESS
			J odniva incep	RANK OR
				REASON FOR LEAVING OR

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL WITHOUT NOTICE DURING ANY TIME DURING MY EMPLOYMENT.

I AGREE, IF EMPLOYED, TO FOLLOW ALL RULES AND REGULATIONS OF THE DISTRICT.

I AGREE TO PROMPTLY NOTIFY THE DISTRICT OF ANY CHANGE OF ADDRESS DURING MY EMPLOYMENT.

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9.10	Signat	
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OFFSSIONAL TRAINING

	EDUC	EDUCATIONAL AND PROFESSIONAL TRAINING	FESSIONA	L TRAINING			
			DATES	DATES ATTENDED			TOTAL SEMESTER
HIGH ATTENDED	TUTION	CITY AND STATE	FROM	Т			HOURS IN EACH
SCH00L			MONTH/YEAR	MONTH/YEAR	216	DEGNEE	QUARTER HOURS)
COLLEGE							
UNIVERSITY							
GRADUATE							
WORK							
		TOTAL SEMESTER HOURS OF CREDIT	JRS OF CREDIT				
UNDERGRADUATE Area of Specialization	ion	₹ ₹	Major				
GRADUATE	-	₹	Major				
Area of Specialization	Ö	~	Minor			Ī	
College activities in which you have participated:	/ou have p	articipated:					
Hobbies, Sports, Special interests:	terests:						
	;						
PRACTICE TEACHING							
Name of School _							
Grade or Subject Taught	aught				Date		
Name of Principal			_ Sup	Supervising Teacher	her_		
						•	

SUBJECTS QUALIFIED TO TEACH AS LISTED ON TEACHING CERTIFICATES:

TYPE

REGULAR

Secondary

Elementary

Do you hold an Arkansas Teaching Certificate?

Expiration Date

PROVISIONAL