

MAMMOTH SPRING SCHOOL DISTRICT NO. 2
410 GOLDSMITH AVENUE
MAMMOTH SPRING, ARKANSAS 72554
870-625-3612

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.

Name: _____ 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 Grade Level(s))

(C) Non-Certified Positions

Check Type of Position for Which You are Applying

- | | | |
|------------------------------|-------------------------------------|---------------------------|
| _____ Secretary/Receptionist | _____ Teacher Aide
Min. 60 hours | _____ General Maintenance |
| _____ Administrative Clerk | _____ General Aide | _____ Bus/Auto Mechanic |
| _____ Bookkeeper | _____ Cafeteria Manager | _____ Bus Driver* |
| _____ Nurse | _____ Cook | _____ Housekeeper |
| _____ Health Aide | _____ Other(List) _____ | |

*Bus Drivers are required to pass a physical examination given by a licensed physician or registered nurse and a written/oral and road test authorized by the Arkansas State Police.

**MAMMOTH SPRING SCHOOL DISTRICT
AN EQUAL OPPORTUNITY EMPLOYER**

Name _____
LAST
FIRST
MIDDLE

Present Address _____
NUMBER & STREET
CITY
STATE
ZIP CODE

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

Permanent Address _____ Phone _____
STREET
CITY
STATE
ZIP CODE

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 _____
STREET
CITY
STATE
ZIP CODE

Have you ever been convicted of a felony? Yes _____ No _____

If above answer is "YES", please explain _____

Would you be available for an interview? Yes _____ No _____

References: Give at least four references, including superintendent and principals under whom you have taught and have first-hand knowledge or your character, personality, scholarship and teaching ability.

NAME	OFFICIAL	ADDRESS/PHONE	CITY	STATE

EDUCATIONAL AND PROFESSIONAL TRAINING

	Name of Institution Attended	City & State	Dates From MO/YR	Attended TO MO/YR	Graduation Date	Degree	Total Sem Hours
HIGH SCHOOL							
COLLEGE OR UNIVERSITY							
GRADUATE WORK							
Total Semester Hours of Credit							

***Please submit an official college transcript

(Administrative & Instructional Personnel Only)

UNDERGRADUATE
Area of Specialization

Major _____

Minor _____

GRADUATE
Area of Specialization

Major _____

Minor _____

College Activities in Which You Have Participated

Hobbies – Sports – Special Interest

PRACTICE TEACHING

Name of School _____

Grade or Subject(s) 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/Phone No.	Subjects or Grades Taught	Full or Part Time	Reason for Leaving
From	To						

Activity or Activities You Would be Willing to Sponsor _____

NON-TEACHING EXPERIENCE INCLUDE MILITARY SERVICE RECORD

Inclusive dates		Name of Employer	Address/Phone No.	Rank or Position Held	Reason for Leaving
From	To				

AGREEMENT

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 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. I further understand and agree the physical and tuberculin test will be at my expense.

I understand that the state board of education requires all new employees to have a criminal background check. The local board of education requires all expenses to be paid by the employee.

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

DATE

SIGNATURE