

**INSTRUCTIONAL AND ADMINISTRATIVE APPLICATION**

Name \_\_\_\_\_

Date \_\_\_\_\_

LAST

FIRST

MIDDLE

**Position Desired** \_\_\_\_\_

(Indicate levels in Elementary School, or Subjects in Middle, Junior, or Senior High School in Order of Preference)

**GOSNELL SCHOOL DISTRICT NO. 6**

600 Highway 181  
Gosnell, Arkansas 72315  
(870) 532-4000

The Gosnell School District does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment of the provision of services.

**GOSNELL 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 \_\_\_\_\_  
NUMBER & STREET
AREA CODE & NO.

\_\_\_\_\_

CITY
STATE
ZIP CODE

Give date you would be available for position \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ If not, are you a legal Alien? \_\_\_\_\_

In case of emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, identify: \_\_\_\_\_

Are you currently on the child maltreatment registry?  Yes  No

Do you have a 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.**

NAME	OFFICIAL POSITION	MAILING ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE

**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 \_\_\_\_\_

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**PRACTICE TEACHING / INTERNSHIP**

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:

\_\_\_\_\_

### TEACHING EXPERIENCE

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

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

List Annual Salary of Last Teaching Position Held: \$ \_\_\_\_\_

Activity or Activities You Would Be Willing to Sponsor \_\_\_\_\_

### HIGHLY-QUALIFIED TEACHER STATUS

- Early Childhood/Elem. K-6     
  Middle Childhood (4-8)     
  Secondary (7-12)

### NON-TEACHING EXPERIENCE (INCLUDE MILITARY SERVICE RECORD)

INCLUSIVE DATES		NAME OF EMPLOYER	ADDRESS	RANK OR POSITION HELD	REASON FOR LEAVING OR TYPE OF DISCHARGE
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 REQUIRED ALL EMPLOYEES TO SUBMIT A HEALTH CERTIFICATE FROM THEIR PHYSICIAN ALONG WITH A CHEST X-RAY REPORT OR TUBERCULIN TEST YEARLY. I FURTHER UNDERSTAND AND AGREE THE PHYSICAL AND TUBERCULIN TEST WILL BE AT MY EXPENSE.

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

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

**GOSNELL SCHOOL DISTRICT**

**EQUITY FORM**

Name	Birth date	Race	Sex
Position Desired			

This form is OPTIONAL.

This form is used for record keeping only. The form will not be used in decision making for hiring in any way.

The form will be separated from the application and kept in an Equity Folder.

It is the policy of the Gosnell School District not to discriminate on the basis of race, color, national origin, sex, or handicap/disability in its' educational programs, activities, or employment policies.

**AUTHORIZATION TO RELEASE AND DISCLOSE RECORDS**

The undersigned, having made application for employment by the Gosnell School District #6, and in consideration of accepting my request for employment by Gosnell School District #6. I hereby give consent to Gosnell School District #6 in seeking and obtaining information concerning any prior criminal conviction, and I give consent to the appropriate authorities to provide information, concerning any prior criminal convictions to Gosnell School District #6.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_