

# CROSS COUNTY SCHOOL DISTRICT NO. 7

21 CR 215 • CHERRY VALLEY, ARKANSAS 72324

## APPLICATION FOR CERTIFIED POSITION

Date \_\_\_\_\_

### I. PERSONAL

*(The information requested must be submitted on this application form. Also, a video of you teaching the area identified by the building principal must accompany this application. A resume or additional information may be attached as a supplement but may not be submitted in lieu of fully completing this application. A completed application will remain on active file for a period of one year and may be renewed by reapplying or by a letter of request.)*

Social Security Number \_\_\_\_\_ (Note: Completion of number is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment.)

Applicant's Full Name \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden Name)

Present Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email Address \_\_\_\_\_

Telephone Numbers:  
Present: \_\_\_\_\_ Permanent: \_\_\_\_\_ Work: \_\_\_\_\_

Position desired: Elementary \_\_\_\_\_ Grade \_\_\_\_\_

Junior or Senior High School \_\_\_\_\_ Subject \_\_\_\_\_

Other positions \_\_\_\_\_

Do you hold a certificate valid in this state? Yes \_\_\_\_\_ No \_\_\_\_\_ What type is it? \_\_\_\_\_

Date of issue \_\_\_\_\_ Certificate No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

If applicant does not have a valid certificate, has certificate been applied for? Yes \_\_\_\_\_ No \_\_\_\_\_

Areas of Certification \_\_\_\_\_

Approval Areas \_\_\_\_\_

With what Community Organizations are you associated? \_\_\_\_\_

In what recreations do you engage? Outdoor \_\_\_\_\_

Indoor \_\_\_\_\_

Have you had experience sponsoring extra-curricular activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

\_\_\_\_\_

## II. EDUCATION AND PROFESSIONAL TRAINING

Name and Location of School or Institution	Date of Attendance	Degree or Diploma	Major / Minor
High School			
Teachers' College			
College			
University			
Graduate Work			
Special Work			

## III. EMPLOYMENT HISTORY

Name and Location of School or Institution	Grade or Subjects	Dates	Supervisor
Student Teaching			

Total years' experience in Elementary Schools? \_\_\_\_\_ Junior High Schools? \_\_\_\_\_ Senior High Schools? \_\_\_\_\_

## IV. GENERAL FACTS

Has an employer denied you re-employment? \_\_\_\_\_ Where? \_\_\_\_\_

Why? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU CURRENTLY ON THE CHILD MALTREATMENT REGISTRY? YES \_\_\_\_\_ NO \_\_\_\_\_

Additional Information \_\_\_\_\_

## V. REFERENCES

*Please list references, including especially superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship and teaching ability.*

Name	Address	Telephone No.	Official Position
1.			
2.			
3.			
4.			

Why do you feel you are qualified for the position for which you are applying?

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Additional Remarks:

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**PLEASE READ CAREFULLY BEFORE SIGNING**

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. The investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other sources deemed appropriate in the sole discretion of the school district. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and illustrative examples as follows: the local sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Arkansas or other State Department or Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I unconditionally certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I acknowledge that these questions shall be continuing in nature, and I have a duty to update, change or further amplify my answers to guarantee accuracy at all times. I understand that any omission, misleading or falsely answered statements made or implied by me on this application, or any supplement to it, whether written or oral, will be sufficient grounds for failure to employ or for my immediate discharge should I become employed with the school district. In the event the School Board determines, in its sole discretion, the existence of a material adverse report or omission as to any information, I agree that the employment offer/appointment will be deemed revoked immediately without further action, notice, or process. In conclusion, I acknowledge that if accepted for employment, I hereby agree to abide by the policies, regulations, and directives of the school district.

***Please attach a copy of your transcripts, teaching certificate, and your specified video teach. Application must be completed in full with the above identified attachments to be considered for an interview. (Unofficial transcripts will be accepted until official is available)***

Signature of Applicant \_\_\_\_\_

The Cross County School District is an equal opportunity education institution. The law protects the rights of an equal employment opportunity regardless of race, religious creed, national origin, ancestry, physical handicap, sex or age.