

# CARLISLE SCHOOL DISTRICT

520 Center Street  
Carlisle, AR 72024

## Certified Personnel Application

Name \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Educational and Professional Training

School/Institution	Course Major/Minor	Date Attended	Degree/Diploma	Semester Hours Credit
High School				
College				
College				
College				
College				

Do you hold a teaching certificate? \_\_\_\_\_ Arkansas \_\_\_\_\_ Other \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Certification Level: Elementary (Grades) \_\_\_\_\_ Middle School (Areas) \_\_\_\_\_  
 High School (Areas) \_\_\_\_\_

Have you taken the NTE or Praxis? \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

Have you determined to leave your present employer? \_\_\_\_\_ Are you under contract? \_\_\_\_\_

Why are you leaving your present employer? \_\_\_\_\_

When can you begin work? \_\_\_\_\_ What position are you seeking? \_\_\_\_\_

List activities that you would be willing to sponsor: \_\_\_\_\_

Do you have a Driver's License? \_\_\_\_\_ Do you have a Bus Driver's permit? \_\_\_\_\_ If yes, give # \_\_\_\_\_

### Teaching Experience

Kind of School	Name of School	Position/Subject/Grade	Dates (from-to)

**Student Internship** (if within the last two years)

**Name of School** \_\_\_\_\_ **Grade Level(s)** \_\_\_\_\_

**Subjects** \_\_\_\_\_

**Name of Supervising Teacher** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**References** (Please list three persons who would be able to evaluate your work or capabilities related to this application.)

<b>Name</b>	<b>Position</b>	<b>Address</b>	<b>City</b>	<b>Phone</b>

**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, a chest x-ray report or tuberculin test yearly. I further understand and agree the tuberculin test will be at my expense.

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

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**WAIVER:** I hereby give permission for the Carlisle School District to send questionnaires or queries concerning my qualifications in regard to a position with the Carlisle School District. The information may be furnished at my expressed request and for my benefit. I do hereby release the party receiving the questionnaire or query from any and all liability for damage of whatsoever nature on account of furnishing such information. I hereby authorize said party to give full and complete information, as may be requested. I agree that the information will not be disclosed to me but will be treated as confidential by the Carlisle School District. I waive any right to see this information.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

In compliance with federal nondiscrimination laws, the Carlisle School District does not discriminate in employment and education practices relative to race or national origin (Title VI of the Civil Rights Act of 1964), disability (section 504 of the Rehabilitation Act or 1973 and Title U of the Americans with Disabilities Act), sex (Title IX of the Education Amendments of 1972), age (the Age Discrimination Act of 1975). The contact person for all of the above rights areas is the Superintendent of Schools, Carlisle School District, 520 Center Street, Carlisle, AR 72024. Phone number: 870-552-3931.