Centerpoint Public Schools
Application for Employment

Position(s) Desired: ________________________________

Date of Application: ______________________ Social Security #: ______________________

Name: ____
(Last) (First) (Middle)

Address: ____

City: ______________________________ State: _________________ Zip: _____________

Home Phone: __________________________ Mobile Phone: _________________________

Email Address: ____

EDUCATIONAL INFORMATION:

NAME OF SCHOOL	LOCATION/ADDRESS	COURSE OF STUDY / DEGREE	Diploma / Certification?
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐

LICENSE/CERTIFICATE/OTHER CREDENTIAL HELD (documentation required upon request):

LICENSE & CERTIFICATIONS (*Include ALL certification areas*)	WHEN RECEIVED	SCHOOL/AGENCY ISSUING

Are you an honorably discharged Veteran or the spouse of a deceased Veteran? YES ☐_ NO ☐_
If yes, please list branch of military and dates of service: ____________________________________

WORK HISTORY: (List current or most recent position first. Do not exclude any applicable position.)

1. School/Company: ____ Telephone: ______________________

Address: ____ Employed: From _________ To _________

Name of Supervisor: ____________________________ Email: ___________________ Final salary: _________

State the job's title and describe your work: ____

____

Reason for leaving: ____

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2. School/Company: ____ Telephone: ______________________

Address: ____ Employed: From _________ To _________

Name of Supervisor: ____________________________ Email: ___________________ Final salary: _________

State the job's title and describe your work: ____

____

Reason for leaving: ____

****

3. School/Company: ____ Telephone: ______________________

Address: ____ Employed: From _________ To _________

Name of Supervisor: ____________________________ Email: ___________________ Final salary: _________

State the job's title and describe your work: ____

____

Reason for leaving: ____

****

4. School/Company: ____ Telephone: ______________________

Address: ____ Employed: From _________ To _________

Name of Supervisor: ____________________________ Email: ___________________ Final salary: _________

State the job's title and describe your work: ____

____

Reason for leaving: ____

****

5. School/Company: ____ Telephone: ________________________

Address: ____ Employed: From _________ To _________

Name of Supervisor: ___________________________ Email: ___________________ Final salary: _________

State the job's title and describe your work: ____

____

Reason for leaving: ____

****

6. School/Company: ____ Telephone: ________________________

Address: ____ Employed: From _________ To _________

Name of Supervisor: ___________________________ Email: ___________________ Final salary: _________

State the job's title and describe your work: ____

____

Reason for leaving: ____

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7. School/Company: ____ Telephone: ________________________

Address: ____ Employed: From _________ To _________

Name of Supervisor: ___________________________ Email: ___________________ Final salary: _________

State the job's title and describe your work: ____

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Reason for leaving: ____

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You may submit any additional work history information on a separate page.

Note: 160 days of employment within a single school year are required to count as a year of experience toward employment and placement on the salary schedule.

Based on the information provided above, complete the following statement:

"I should be credited with ____ years of experience for this position."

List any additional skills you have related to the position and/or activities you are qualified to sponsor/coach.

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer “Yes” to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of “nolo contendere” (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? ______ Yes ______ No

Are you currently under charges for a criminal offense? ______ Yes ______ No

Have you ever forfeited bond or collateral in connection with a criminal offense? ______ Yes ______ No

Within the last ten years, have you been fired from any job for any reason? ______ Yes ______ No

Within the last ten years, have you quit a job after being notified that you would be fired? ______ Yes ______ No

Have you ever been professionally disciplined in any state? ______ Yes ______ No

Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Arkansas Professional Licensure Standards Board (i.e.- a substantiated *Ethics Violation*).

Are you subject to any visa or immigration status, which would prevent lawful employment? ______ Yes ______ No

Are you now/have you been on any Alternate Licensure Plan? ______ Yes ______ No

Note: *If you answered “Yes” to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.*

PROFESSIONAL REFERENCES (Excluding Relatives)

Name and Position of Reference	Organization or School District	Phone Number(s)	Email Address of Reference

INTERNSHIP(S) (Required for *Licensed* applicants only)

School / Organization & Dates of Internship	Cooperating Teacher/ Supervisor	Phone Number(s)	Email Address
Location:			
Dates:			
Location:			
Dates:			

PERSONAL REFERENCES

Name of Reference	Relationship to Applicant	Phone Number(s)	Email Address

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation or omission of pertinent information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely too all questions that officials of Centerpoint School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age, orientation, or disability.

______________________________ Date

______________________________ Signature of Candidate
[Must be original or verified *E-signature*]

The Centerpoint School District shall not discriminate in its educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws including Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 503 and 504 o the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district. In accordance with state law, the Centerpoint School District requires a criminal background check of all applicants the Superintendent recommends for employment.